


Summer 1981

Jefferson Alumni Bulletin – Volume XXX, Number 4, Summer 1981

Let us know how access to this document benefits you

Follow this and additional works at: http://jdc.jefferson.edu/alumni_bulletin

 Part of the [History of Science, Technology, and Medicine Commons](#), and the [Medicine and Health Sciences Commons](#)

Recommended Citation

"Jefferson Alumni Bulletin – Volume XXX, Number 4, Summer 1981" (1981). *Jefferson Medical College Alumni Bulletin*. Paper 177.

http://jdc.jefferson.edu/alumni_bulletin/177

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Jefferson Medical College Alumni Bulletin by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

Jefferson

MEDICAL COLLEGE

ALUMNI
BULLETIN

Summer 1981

The 1956 Mavericks

Fall Calendar

September 9

Opening Exercises
McClellan Hall

September 22

Reception during meetings of the
American Academy of Family Physicians
Las Vegas Hilton

September 23

Reception during the meetings of the
American Academy of Otolaryngology
The Royal Orleans
New Orleans

September 23

Dinner for alumni in Northern New Jersey
The Governor Morris Inn

October 1

Class Agents Dinner
Jefferson Alumni Hall

October 13

Reception during the meetings of the
American College of Surgeons
The Stanford Court
San Francisco

October 15

Dinner for San Francisco Area Alumni
The Fairmont Hotel

October 16

Dinner for Los Angeles Area Alumni
The California Club

October 23

The President's Club Dinner
University Museum
Philadelphia

November 2

Reception during meetings of the
American Academy of Ophthalmology
Atlanta Hilton

November 8

Brunch to honor President-Elect
of the Pennsylvania Medical Society
Raymond C. Grandon, '45
The Pittsburgh Hilton

February 5 to 15th

Post graduate Seminar
Mexico City and Puerto Vallarta

Annual Giving: \$773,561

Once again Jefferson's alumni have helped meet the needs of the Medical College by responding to the appeal for the 33rd Annual Giving Fund. A total figure of \$773,561 was raised during the 1980-1981 campaign. This is an increase of \$96,330 or over 14%. With the increase in '79-'80 of \$108,000 for the Aponte Chair our two year performance has realized an additional \$200,000 for Jefferson, a 35.8% increase.

The average gift during the past year rose to \$221.00, an increase of \$31.50. However percentage of participation dropped during the campaign to 45.9%, a decrease of 1.5%. This is the most disappointing area of our endeavor. Although Jefferson's dollar amount surpasses all other medical schools in the country our participation figures do not hold the same edge. It continues to concern your class agents and committee members as to why half the membership neglects to respond to the annual appeal.

One reason for our fine success this year is the performance of the class of 1956. Members raised a total of \$42,630, the highest amount every recorded by a class and an increase of \$9,219 over its nearest competitor. Fifty six also reached first place in both number of gifts with 114 and participation with 69.9%. Congratulations are due both Eugene Bonacci, M.D., class agent, and all members who supported his program this past year. The 25th reunion class is highlighted in this issue's lead story.

My warmest thanks to each of you who support Jefferson.

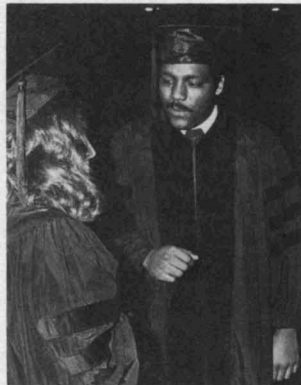
J. Wallace Davis, M.D.
Chairman



p. 2



p. 18



p.48

The 1956 Mavericks . . .

2

The senior students of 1956 are the established physicians of 1981. Featured is an overview of the past 25 years.

Jefferson Scene

12

Commencement, reunion activities, an interview with the new Dean of the College of Graduate Studies, the senior class portrait presentation and general University news is reported.

Reunion Clinics

23

Ten distinguished alumni gave multidisciplinary lectures in their area of expertise. Six are presented.*

Othello S. Kough, M.D.

J. Edward Berk, M.D.*

James A. Collins, M.D.

Henry A. Seidenberg, M.D.*

Daniel T. Erhard, M.D.

Kenneth N. Beers, M.D.*

Elliott Perlin, M.D.*

James F. Burke, Jr., M.D.*

Howard S. Robin, M.D.*

Scott M. Goldman, M.D.

Class Notes

38

An article by a member of the junior class, an interview with a recent graduate and the story of three alumni who treated the President are featured.

Editor

Nancy S. Groseclose

Assistant Editor

Ella C. Remington

Publication Committee

Franz Goldstein, M.D.

Chairman

Cynthia B. Altman, M.D.

Samuel S. Faris, II, M.D.

William V. Harrer, M.D.

Warren R. Lang, M.D.

Fred D. Lublin, M.D.

Philip Nimoityn, M.D.

John R. Patterson, M.D.

Leon A. Peris, M.D.

J. Woodrow Savacool, M.D.

Burton L. Wellenbach, M.D.

Credits: Cover design by
Louis de V. Day, reunion
photos by Robert Narod.

The 1956 Mavericks

Breaking tradition by not presenting a portrait set the class of 1956 apart, making them in a sense mavericks, explains Class President Eugene Bonacci

by Ella C. Remington



It wasn't easy but photographer Bob Narod managed to line up alumni at the largest 25th ever for the traditional reunion group shot. Over fifty percent of the class were on hand for the dinner dance at the Historical Society of Pennsylvania.

"Our eyes glared brightly as we left the warm September sun and entered DBI for our first lecture in the science of medicine. Juggling bones, books and a 20 pound microscope, we mounted the stairs to the upper auditorium and soon found ourselves waiting in a strange wonderland for our first lecture. After several minutes that seemed like an eternity, a strange quiet settled down, and in walked the Dean."

Thus, the 1956 *Clinic* essay "Looking Backward" reflected on the initiation of the graduating class to Jefferson. The class entered Jefferson three months after the Western Allies and West Germany signed the peace contract at Bonn. During their freshman year, the Atomic Energy Commission announced satisfactory experiments in hydrogen weapons research, and the news media related accounts of eyewitnesses to the blasts near Eniwetok, an atoll in the northwest Marshall Islands.

General Dwight D. Eisenhower was inaugurated President in January of 1953. Secretary General of the Communist Party, and Premier of the USSR, Joseph V. Stalin, whose principles of communism were characterized by extreme suppression of dissident views, the concentration of power in one person and an aggressive international policy, died on March 5, 1953. In the late spring of 1953, Edmund Hillary of New Zealand and Tenzing Norkay of Nepal reached the top of Mount Everest.

The present fifties nostalgia is misleading. It was not really the rosy, uneventful era portrayed by television shows and movies like "Happy Days" and "American Graffiti." During the summer of 1953, Julius and Ethel Rosenberg, convicted in 1951 of espionage for passing atomic secrets to the Russians, were executed in New York's Sing Sing Prison; the Korean armistice was signed, and Moscow announced the explosion of the hydrogen bomb.

In the spring of their sophomore year, five U.S. Congressmen were shot on the floor of the House as

Puerto Rican nationalists fired from the spectators' gallery, and the U.S. Supreme Court unanimously banned racial segregation in the public schools. During their junior year, the first atomic powered submarine, Nautilus, went out to sea, and Sir Winston Churchill resigned as Prime Minister of England.

The major events of their senior year were equally momentous. Argentina ousted President Juan Peron. President Eisenhower suffered coronary thrombosis in Denver and was attended by Howard M. Snyder, M.D., '05. The first aerial H bomb was tested over Namu islet, Bikini Atoll. A workers' uprising in Poznan, Poland, against Communist rule in June 1956 and an anti-communist revolt in Hungary in October were both crushed by Russian tanks. Seamstress Rosa Parks, arrested in Montgomery, Alabama, refused to give up her seat on a bus to a white man, resulting in a bus boycott led by Martin Luther King.

At Jefferson, professors and student marveled at the heart-lung machine invented by John H. Gibbon, Jr., M.D., '27, which completely revolutioned heart surgery.

Architecturally, Jefferson is very different today from the campus familiar to students in the 1950's. DBI, where Nicholas Michels, Ph.D., Professor of Anatomy, presented his dynamic lectures, is now the sight of luxury apartments. The famous amphitheatre in the Thompson Annex, the Pit, where students gathered every afternoon and on Saturday mornings for lectures, has been replaced by the Hospital Emergency Room. The campus has expanded with many new modern buildings, including the Scott Library, Jefferson Alumni Hall and the New Hospital.

Twenty-five years later it is difficult to capture an exact reflection of the class of 1956. The class was unique in many aspects. A curious visitor searching Jefferson's walls for the portrait presented by the class of 1956 is doomed for disappointment. At that time, only the portraits of

department chairmen were painted, but the faculty rejected the class decision to paint Paul C. Swenson, M.D., then Professor of Radiology and Chairman of the Department.

Rather than select another professor, the class elected to spend the money set aside for a portrait on an intercom system for the medical clinic run by John N. Lindquist, M.D., '43, now Honorary Clinical Associate Professor of Medicine.

The class was very partial to Dr. Lindquist, and the 1956 *Clinic* was dedicated in his honor. Gazing at a row of *Clinics* from various classes of the era, the eye is automatically drawn to the 1956 yearbook, which in contrast to the plain, staid covers of other years is designed with a color illustration by artist A. Lidow of Johann van Horne, a post-Vesalian anatomist, dissecting an ovary in his laboratory. Inside the yearbook, there is a full page photograph of each senior, which was then a new concept.

The 1956 *Clinic* was not compiled by a normal yearbook company, but through the editorial offices of the old *Philadelphia Magazine*, then published by the father of yearbook editor, Richard L. Lipson.

The yearbook, which includes an extensive essay and numerous posed and candid photographs, exemplifies the class. There are photos of each of the sections, A through Z, into which the class was divided in the junior year. The sections of approximately seven men traveled together in two or four sections during rotations and were generally made up of inseparable friends.

In their junior year, all students were at Jefferson. Medicine that year involved a great deal of detail work. Under the guide of interns and residents, students did lengthy histories and physicals, blood counts, urinalysis and other tests in tiny labs off the wards.

Unlike classes today which are rarely together as a group and are frequently away from Philadelphia for rotations, the class of 1956 met

together every afternoon in the Pit. With the exception of a three week psychiatry rotation, students did not leave the city during rotations.

Anticipating the class reunion, the Jefferson Alumni Bulletin sent questionnaires to all members of the class to get an overview of the past 25 years. Responses streamed into the Alumni Office from all over the United States. Twenty-four states and Puerto Rico were represented in the sample. The largest number of responses arrived from Pennsylvania, 38, New Jersey, 14, and California, nine.

Four responses arrived from Maryland, three from Ohio and three from Florida. Two class members responded from each of the states of Mississippi, Rhode Island, West Virginia and New York. Hawaii, Texas, New Hampshire, Washington, Virginia, Arizona, Tennessee, Delaware, Nevada, Wisconsin, Massachusetts, Illinois, North Carolina, Vermont and Puerto Rico each had one class member responding. Two completed but unsigned questionnaires arrived.

A total of 96 questionnaires, representing 63% of the living

members of the class, were received. Those who responded have lived at their present address an average of 11 years and have made an average of three major geographic changes since 1956.

Ninety of the respondents are married, and of those, 11 are remarried. Four are divorced, and two have never been married. Ninety-three of the respondents have children. Of those with children, the average family consists of two boys and two girls.

In the families with children, 30% have children in private school and 42% have children in public school. Seventy-two percent have at least one son or daughter presently in college, and of those, 11% indicated they have at least one child enrolled in a pre-med program.

Twelve percent with children have offspring in graduate school, and one family has a child in law school. Thirteen percent of the respondents with children have a son or daughter at Jefferson Medical College, and 3.4% have children enrolled in medical colleges other than Jefferson.

In addition, some of the respond-

ents have children who are physicians. For example, Joseph P. Bering has a son who graduated from the University of Pennsylvania Medical School in 1980.

Several children are already Jefferson alumni. Robert J. Maro writes, "My son, Robert J. Maro, Jr., born at Jefferson when I was a medical student in 1954, graduated from Jefferson in 1979." James H. Corwin, II has a son, James H. Corwin, III, who graduated from Jefferson in 1978. James III, now serving a surgical residency at the University of Florida, is the fourth generation of the Corwin family to graduate from Jefferson.

Forty-seven percent of the married respondents have wives who work outside the home. Spouses are involved in a wide range of careers. Nine are nurses, eight are in education and seven hold management or administrative positions in business or government.

Two wives are social workers and two are involved in publishing. One wife is an attorney in private practice specializing in constitutional and school law. One owns a figure salon in Philadelphia, and one is a profes-

Dr. Benjamin Bacharach, currently serving as President of the Alumni Association, (left) and Dr. and Mrs. Leopold Loewenberg were early arrivals at the reunion. Dr. Loewenberg served as chairman for the 25th. At right are Dr. and Mrs. Haviland Flickinger.



sional violinist. Other spouses work in the fields of fashion, secretarial work, athletics, interior design, art, travel, real estate, politics and income tax preparation.

The Journal of the American Medical Association and *The New England Journal of Medicine* are the most widely read medical journals. Most of the respondents also read journals in their specialties.

Respondents read a variety of non-medical journals. The most popular publications are *Time*, *National Geographic*, *Scientific American*, *Newsweek*, *U.S. News and World Report*, *Smithsonian Magazine*, *The Wall Street Journal*, *Life*, *The New Yorker*, *Sports Illustrated* and *Reader's Digest*.

Forbes, *Money*, *Town and Country* and *Field and Stream* are also read by many respondents. In addition, class members read hobby and specialty magazines such as *Photography*, *Flying*, *Car and Driver*, *Gourmet* and *Antique Auto*.

James Michner's best seller *Chesapeake* is by far the most popular book among the class members. Other popular books include *Shogun*, *The Winds of War*, *War*

and *Remembrance, A Distant Mirror*, *Triple*, *The Covenant*, *The Key to Rebecca*, *The Eye of the Needle*, *Sophie's Choice* and books by John Le Carre.

Fifteen percent are politically active. In addition to those active in medical politics and local school and community boards, one class member advises a U.S. Senator, several are active in the Republican Party and two were delegates to the Republican Party's National Convention last summer.

Forty-five percent are active in their communities. Class members community participation includes school, church and Boy Scout activities. Several are volunteer physicians for schools or police fire departments. Class members also devote time to citizens' associations and committees, country club boards, the YMCA, Planned Parenthood, service clubs, the American Heart and Cancer Societies, music programs, National Parks and hospital work.

Class members are interested in a variety of recreational activities. Travel is a popular pastime. Seventy-five percent travel regularly

in the United States, and 56% engage in foreign travel. Sixty-two percent attend movies, 60% the theatre and 46% concerts. Art galleries and museums are visited by 43%.

Sixty percent of the respondents enjoy either attending or watching on television some type of spectator sport. Football, baseball, basketball, hockey, wrestling and soccer are the most commonly enjoyed spectator sports.

Seventy percent participate actively in sports. Robert Meckelnburg is a scuba instructor and dives in areas all around the world. Other sports class members enjoy are golf, tennis, fishing, boating and sailing, deep sea fishing, auto and motorcycle racing, jogging, hunting, soccer, paddle, squash, racquet ball, bowling, swimming, snow and water skiing, judo, volleyball, hiking, canoeing, bicycling, diving and ping pong.

Class members engage in traditional pastimes such as photography, music, cooking, home improvements and gardening, stamp and coin collecting, carpentry and woodworking and model building. In addition, they have an array of unusual hobbies.



Dr. Eugene Bonacci (left) with Dr. Jack Peril. Dr. Bonacci, who serves as agent for the award winning class of '56, was President during his senior year at Jefferson. At right Dr. Thomas Bell (left) with Dr. and Mrs. Hyman Kahn. The Kahns have a son at Jefferson.





Alphabetically aligned during their medical school years, Dr. David Hoffman and Dr. Robert Jackson were the closest of friends. Mrs. Hoffman greets Dr. Jackson, who is a resident of Verona, Wisconsin, at the reunion. Above Dr. and Mrs. Hilliard Gersten with Dr. and Mrs. Blackwell Sawyer (center).

Warren Koehl grows greenhouse orchids and tropical plants, and Robert Magley enjoys farming. Jack Rubin raises animals, and Robert Jackson raises game birds. Bernard Berne engages in oenology or the science of viniculture, which derives its name from Oeno in classical mythology.

Benjamin Bacharach, this year's President of the Alumni Association, collects cane weapons. Anthony Merlino has done research into the John F. Kennedy assassination, and Frank Kessler is interested in Presidential history.

Several class members are interested in the arts: painting, writing, poetry, ballet and ceramics. Other class members have interests in art and antique collecting, antique automobiles, mechanical repair and electronics, flying and poker. Two are interested in guns, and one repairs leather athletic equipment. Several have non-medical business interests such as banking, management and marketing. One owns a restaurant.

More of the respondents went into family medicine than any other

specialty; 18 are family practitioners. Ten practice internal medicine, and seven are psychiatrists. Eight practice obstetrics and gynecology. Thirteen are in the fields of surgery. In addition, six are orthopaedic surgeons. Five are anesthesiologists. Four are pediatricians and of those one specializes in pediatric allergy, three are pathologists and three are ophthalmologists. In addition there are respondents representing all other medical specialties.

Eighty percent of the respondents served a residency and/or internship. The length of time spent in residencies ranged from one to eight years depending on the specialty. The average residency was about three years and three months. Twenty percent of the respondents served a fellowship or completed some type of post-graduate training after their residency.

Fifty percent of those responding have a solo practice, and 21% are in group practice. In addition, 19% are in a partnership and 10% in other situations such as corporation practice, community mental health cen-

ters, academic medicine or retirement.

Thirty-five percent of those with practices have offices in urban areas, 33% in suburban areas, two percent in both urban and suburban areas and two percent in rural areas. Four percent have offices in their homes, and two percent have offices in hospitals.

Forty-seven percent are associated with community hospitals, 24% with private hospitals and 19% with university hospitals. One class member is assigned to a military hospital and another is associated with a psychiatric inpatient unit. Twenty-six percent are associated with hospitals in urban areas and 20% with hospitals in suburban areas.

Forty-four of the respondents are on the faculty of a medical school. Thirty-three are volunteer faculty, nine are full time and two are part time. Twenty-seven of the respondents are actively involved in research, and 43 have published literature in their field. A large majority of the respondents are board certified in their specialty.



Among those at the 25th were (from left) Dr. Warren Koehl, Dr. and Mrs. Thomas Davis and Dr. Harold Housman. At right Mrs. Loewenberg greets Dr. Stewart First. Both Dr. Loewenberg and Dr. First practice obstetrics and gynecology in Philadelphia.



All of those responding to the questionnaire are very active in professional activities at all levels. Many hold distinguished positions in medical societies and associations. The special honors and awards bestowed on class members are too numerous to list individually; however, they encompass a variety of areas and activities.

Class members have received commendation medals and distinguished service certificates from the Armed Forces, been editors of national medical and science journals and received medals from the American Cancer Society. They have been international medical consultants, been granted honorary degrees from distinguished colleges and universities and received national recognition for their research. Several are listed in *Who's Who in the East*. The list of accomplishments goes on and on!

Members resided in their fraternity house, at home or in an apartment in Philadelphia or New Jersey during medical school. Six lived in the Gladstone, an older hotel on 11th Street across from Clinton Street

where D.B.I. was located. Five lived in boarding houses.

Fifty-four percent were married either when they entered or at some point during medical school and many had young children. About 45% belonged to a fraternity. Fraternity life was social life for many. There were parties, picnics and ballgames.

Lee Loewenberg comments, "One outstanding thing that everyone used to bring their wives and girlfriends to on Saturday afternoons was the clinical psychiatry demonstration at Philadelphia General Hospital which ran for about 12 or 13 weeks in the fall!"

Most of the respondents indicated they ate their meals at home, at local restaurants or "greasy spoons" or at their fraternity houses. Some had their meals at the hospital. Remembers one class member, "I drew blood every morning for the lab, and got three square meals a day, oyster soup every Friday!" The student lounge in the basement of the College Building was where those who "brown bagged it" often had their lunch. Outside the frater-

nity houses, the student lounge was the on campus social hub. Frequently card games would go on there at lunch time.

Jack Keesal's Luncheonette on South 10th Street and the Spruce Street Restaurant were favorite places to eat. Present Jefferson students unwind at Doc Watson's Pub on 11th Street. In 1956, Chassey's was the favored haunt. One classmate admits he spent a lot of time at Temple University's student nursing dorm, Tioga, during medical school. Another says he frequently found himself spending time at the Broad Street Subway. A more serious minded class member enjoyed "the Academy of Music and legitimate theatres."

The South China Restaurant was another favorite haunt. James Regan fondly recalls, "We thoroughly enjoyed bringing Chinese food back to the Theta Kappa Psi fraternity house late at night. Having steamed clams prn in the kitchen was memorable, as well as each fraternity having a beer party monthly everyone invited."

Many professors are remembered

fondly. However, those listed most frequently as favorite professors are Nicholas Michels, Ph.D., Abraham Cantarow, M.D., '24, John H. Hodges, M.D., '39, Anthony F. DePalma, M.D., '29, Kenneth Goodner, Ph.D., John B. Montgomery, M.D., '26, John E. Dietrich, M.D., Thaddeus L. Montgomery, M.D., '20, John E. Dietrich, M.D., Bernard J. Alpers, M.D., John Y. Templeton, III, M.D., '41, Peter A. Herbut, M.D., John H. Gibbon, M.D., '27, Gonzolo E. Aponte, M.D., '52, and John J. Gartland, M.D. '54.

All of the respondents are satisfied with the education they received at Jefferson. Many class members made comments, most of them positive, about Jefferson on their questionnaires.

Not all class members are in total agreement about their Jefferson years. One writes, "I thought students from certain other schools were better able to cope clinically, and certain other schools taught research topics, and hence more up to date material, better. But our education was sound and basic." While another class member says, "Our education was very good. Basic knowledge was well instilled in us. There was good exposure to clinical material."

Most feel they received a strong medical foundation at Jefferson. "I've been well prepared for everything I've ever done. It was the most outstanding four years of my life," writes one classmate. A second comments, "I learned as much as I could possibly learn in those four years. After working with physicians who graduated from schools in many nations, the United States, Mexico, European and South American countries and many others, I feel that my training was as good, if not better, than all of them."

Several express pride in their Jefferson heritage. "Of the local physicians in this area, the Jefferson graduates are the best physicians fact - no boast!" remarks one. Another says, "I feel we were well prepared for medical practice, and I

believe no Jefferson graduate ever has to take a back seat to anybody from any other school." A third says, "There is no way I can repay Jefferson monetarily for a Jefferson medical education. It has stood me in stead these 25 years in practice, and I am proud to be a Jeff man."

Some express mild criticism. One feels that in 1956 there were too many teachers who were "born, bred and trained at Jefferson." Writes a classmate who is a Profes-

sor at the University of Pennsylvania, "I have fond memories of Jefferson. However, having seen medical education at the University of Pennsylvania, I think the teaching could have been better at the clinical level. The student must be made a part of patient care and a co-equal participant in the learning process. This attitude was not present at Jefferson during my stay, but I hope, and suspect, things have changed in the past 25 years.

With Dr. and Mrs. James Zangrilli (center) are Dr. Patrick Pasquariello (left) and Dr. John Gostigian. Bottom photo catches (from left) Dr. and Mrs. Jackson, Dr. Hoffman and Dr. John Holdcraft.



The majority have highly favorable recollections of Jefferson. Relates one classmate, "There is no question in my mind that my medical education excelled or has equalled that of any of my contemporaries. Individual responsibilities delegated to us during our clinical years prepared me very well for my internship, subsequent two years as a U.S. Navy medical officer, residency training and my entire medical career."

Another class member writes, "I like the esprit de corps, the closeness, the loyalty that developed while I was at Jefferson Medical College and followed up afterwards through the Alumni Association. I felt the instruction was very personalized. I really knew how to work once I left school."

"It was really just luck that I wound up at Jefferson rather than at New York Medical College. The esprit de corps at Jefferson left an

indelible imprint on me. In retrospect, I wish I had been a more dedicated student so that I could have been an even better physician. The principles I learned at Jefferson have proved timeless!" reveals a third class member.

Kenneth Beers, (see page 23) who practices preventive medicine, comments "Jefferson offered a surprisingly good introduction to my specialty. Very few medical schools of that era taught much on the subject. We also had good courses in military medicine which I had occasion to draw upon in my 20 years in the U.S. Air Force."

Casimir Gorczyca writes, "Jefferson offers a superb overall education. I recommended Jefferson to my son, David, who was accepted for the class beginning in September 1981."

All but five respondents say they would choose Jefferson if they were entering medical school today. Seventy-five percent of those who responded are active in the Alumni Association, and 82% have maintained ties with other Jeffersonians. For example, classmate Hilliard Gersten recently helped to organize two dinner meetings of Jefferson Alumni in Ocean County New Jersey at which graduates from the classes of 1924 through 1974 were present.

Leopold Loewenberg, the class Reunion Chairman, remarks, "Everybody knew each other in our class. There were no animosities in the class or divisions between local and out of town students. Our friends were our section mates and fraternity brothers. During the first two years we were frequently grouped alphabetically, so many of us formed close friendships with students whose names were close to ours in the alphabet."

"There was a great deal of unity in the class, perhaps fostered by the fact that we were together as a group every day. I think the unity is responsible for the tremendous response of the class at reunion time."

Reminiscing Dr. Loewenberg

(From right) Dr. Peril tells story of student days at Jefferson to Dr. Herbert Rosenthal, Dr. Edward Hagopian and his guest Ms. Barbara Wall. In bottom photo (from left) Dr. Noyes Yale, Dr. James Corwin and Dr. Charles Cole greet classmate.





Dr. and Mrs. Bertrand Kushner



Dr. and Mrs. Albert Grollman

recalls two professors who were favored by the class of 1956: "Dr. Michels was a dynamic, very pleasant human being who put life into a dead subject like anatomy! Under Peter Herbut, who was dynamic in his own very Prussian way, we really learned pathology."

Dr. Loewenberg, who specializes in obstetrics and gynecology has a very high regard for Thaddeus L. Montgomery, then Professor of Obstetrics and Gynecology. He says, "The number of people in a class who go into a specialty after graduation is a reflection of how well the course was taught. We had a large number of classmates go into obstetrics and gynecology. One reason obstetrics and gynecology was popular was that it was the first time in medical school that our class was able to perform major clinical tasks."

Every day a different specialty had a clinical presentation in the Pit. Dr. Loewenberg remembers the orthopaedic surgery Pit conducted by Anthony F. DePalma, Professor and Chairman of the Department, as the most impressive.

"Dr. DePalma made a very big pitch to our class in the senior year in an effort to improve the internship program at Jefferson. Although Jefferson was ticketed for 48 interns,

the year before we graduated there were only about 10 or 12. But we were promised improved living quarters, double the former monthly stipend of \$25.00 and a recreation room and special doctors' kitchen and dining room. We were also told that interns would be given priority for a Jefferson residency," he says.

The class of 1956 had 44 Jefferson interns, so Dr. DePalma's pitch was successful, according to Dr. Loewenberg.

David Hoffman was first introduced to Jefferson when he was about four years old by his father, the late Jacob Hoffman, M.D., '25, Honorary Clinical Professor of Obstetrics and Gynecology at Jefferson. Jefferson in 1956 was one of the few all male medical schools, and students took pride in their unique status. During his Jefferson years, Dr. Hoffman remembers seeing medical students on the buses or in restaurants in the city with their stethoscopes dangling rakishly from their pockets.

Sharing his recollections in a pre-reunion interview, Dr. Hoffman says, "The hospital at that time had a very pristine, very clean, professional environment."

They were incredibly busy years. Dr. Hoffman, though a good stu-

dent, remembers being awed by the magnitude of a career in medicine and fearful of failure. "I made sure I was on top of all my courses. I was so busy studying that there was little time for carousing," he says.

"We were a tight group as a class. Everyone was well dressed and respectful. There was no quarelling with instructors and there were no contentious students!" the Clinical Assistant Professor of Orthopaedic Surgery remarks with a smile.

As students we were always preparing for tests. We had professors, such as Doctors DePalma, Alpers and Clerf, who were legends not only in the institution but in the medical community. These men were prolific. They all had active private practices in addition to their professorships. They were men who could produce, and they preached what they practiced. They had vast clinical experience," he states.

"Our professors taught us to think and were experts at employing rhetorical questions and devices. They were dedicated both to students and to their patients, viewing medicine as an art and a gift."

Class Agent Eugene Bonacci and Alumni Association President Benjamin Bacharach were in high spirits on the afternoon of June 3, just



Dr. Jack Rubin



Dr. and Mrs. Antonio Ramos-Barroso, of Puerto Rico, and Dr. Edward Luczynski (left)

hours away from their reunion.

"I'm excited because it's been 25 years! And naturally, I can't believe that it's been 25 years and that I have aged 25 years!" Dr. Bonacci proclaims.

Dr. Bonacci, who was class President, has kept in contact with classmates through the years with his Class Agent letters. "I feel very close to the members of the class. I think one major occurrence which made our class unique from the onset was that we were the first class not to present a portrait. This made us mavericks and gave us a cohesiveness, which has been carried through the 25 years in our Annual Giving," he says.

The class has consistently ranked high in Annual Giving through the years. As of the Alumni Banquet on June 4, at which Dr. Bacharach was Toastmaster and Dr. Bonacci a speaker, the class of 1956 ranked number one in the three Annual Giving categories, amount given, number of persons participating and percentage of class participating. (At the close of the drive on June 30 these statistics remained).

"I have never," Dr. Bonacci emphasizes, "been as enthusiastic toward a school I attended as I have Jefferson. During my four years, I felt at home, relaxed and that the

physicians, instructors and administration were there to help me."

"I look forward to the two to four letters I write each year as class agent. Not only because of the money they will bring Jefferson, but because they are a way for me to stay in contact with my classmates, my friends. It's amazing how many members will send me a note either directly or through the Alumni Association as to how they are doing."

Prior to his acceptance to Jefferson, Dr. Bonacci attended medical school in Italy, where he developed an interest in motorcycle racing, a sport he still enjoys.

Though he enjoyed his stay in Italy, he feels his experience there made him appreciate Jefferson more than those who entered immediately following college graduation. "I was able to compare Jefferson to something else, and I looked at my acceptance as a gift from heaven. I was not the smartest member of the class, but I was probably the most enthusiastic!"

"The fellows in the class are a great bunch. Though there were men in the class from all over the country and a few far flung places, from various ethnic backgrounds and nationalities, we all melted together into a very close group. It was my impression that most of

them would become kind and compassionate physicians," he adds.

Dr. Bonacci, a general surgeon, remembers being present along with Dr. Bacharach and others when Dr. Gibbon performed his first open heart case.

Remembering his first speech before an Alumni Banquet in 1956, Dr. Bonacci notes, "I will never forget it. After my speech, Dr. Goodner, who was never one to throw praise around, said 'You know, I have been coming to these things for a long time, and that is the best graduating class speech I have heard!' I really felt good."

Dr. Bonacci reflects on the qualities necessary to become a good physician: "To be successful you have to be dedicated. Aside from being a competent physician, you must be a good person! I think Jefferson tried to get across to us that the patient doctor relationship is the key to success in practice, assuming you learn everything else."

The father of six, also feels it is important, though at times difficult, for a physician to establish priorities and take time to enjoy family life as success, when unchecked, can cause one to miss out on some of the finer things in life.

"This is the zenith of reunions!" Dr. Bonacci exclaims. And indeed it was!

The Jefferson Scene

senior portrait

"The perception of beauty is a moral test," wrote American essayist and poet Henry David Thoreau in his *Journal* on June 21, 1852. Members of the class of 1981 demonstrated this cognizance in their selection of Carla E. Goepp, M.D., Clinical Associate Professor of Medicine, as the subject of the senior portrait. Dr. Goepp is one of those individuals whose beauty touches and transcends tangible physical and intellectual bounds and reaches the vital incorporeal part of man, the spirit.

"Be tolerant of criticism and new ideas. The facts you have been given must be kept in a flexible perspective. Your education remains fluid and continues daily. Remember also to keep and nurture your good humor. It will sustain the joy of your daily lives and permit the incongruities of life to enrich your clinical judgement," Dr. Goepp advised the class of 1981 in a *Clinic* interview.

However, Dr. Goepp is more than a philosophical sage. She is a warm, very human individual who enjoys trout fishing, needlepoint and rare old books and who dazzled the class of 1981 the day after their freshman show with her ability to write her name backwards in script, a trick she learned in her college physics class when she found her professor charming, but boring.

James M. McWeeney, M.D., '81, gave the opening remarks at the

portrait presentation held May 20 in McClellan Hall.

Commenting on the significance of the award, Dr. McWeeney drew laughter from the audience when he remarked, "Many of my colleagues feel that the senior class portrait is the highest honor that Jefferson faculty members can obtain in their entire lifetime. Well, Dr. Goepp has a lot of good years left!"

On a more serious note, Dr. McWeeney stated, "Dr. Goepp saw us through some difficult and trying times in our lives as medical students. She saw us through the confusion and disorientation of our freshman year when she had the difficult, if not impossible, task of trying to correlate clinical medicine to the basic sciences at a time when neither made very much sense to us. In our sophomore year she was of continual help in trying to allay our fears and apprehension upon leaving the classroom and entering the world of clinical medicine."

"I can vividly remember times in our panic and disarray over our future medical careers when Dr. Goepp used to tell us there really was no magical and elusive time when we would suddenly become physicians. We were, in fact, physicians in training and had been since our first days at Jefferson. We would continue to grow and to learn throughout our entire lives," he continued.

In concluding his remarks, Dr. McWeeney noted, "It is this kind of understanding, compassion and

genuine concern that she had for our problems and needs as students and future physicians that endeared Dr. Goepp to the members of the class of 1981."

Dr. Goepp was born in Philadelphia. Her father died at an early age, and she, her brother and sister were raised by their mother and stepfather, Dr. and Mrs. John W. Davidson, in New Castle, Delaware. Later the family moved to Washington, D.C. where Dr. Goepp received her early education.

Her high school years were spent at Stone Ridge Country Day School and Ursuline Academy in Maryland. She graduated with a bachelor of arts degree from the College of New Rochelle in New York in 1960 and then matriculated to the Georgetown University Medical School where she received her medical degree in 1964. Upon graduation from Georgetown, Dr. Goepp, who was one of seven women in the class, was awarded the Mollari Medal for outstanding performance in microbiology.

In presenting the biographical sketch, Frank J. Sweeney, Jr., M.D., '51, Professor of Medicine, Vice President for Health Services and Director of the T.J.U. Hospital, revealed that Dr. Goepp's grandfather was also on the Jefferson faculty. R. Maximilian Goepp, M.D., who graduated from the Medical School of the University of Pennsylvania in 1900, worked closely with distinguished Jeffersonian Solomon Solis-Cohen, M.D., 1883, Professor of Clinical Medicine.

Dr. Sweeney, who first met Dr. Goepp when she applied for her internship at Jefferson in 1964, described the environment at Jefferson at that time: "The first women medical students had been admitted to Jefferson, but none had graduated as yet. There had been an occasional female resident or intern; I think there might have been two! The women's house staff quarters were located next to the pediatric wards in the old building right next to the infection ward. There was

one ladies' room in the entire building of 10 floors, and it was on the sixth floor!"

"The women's house staff quarters in the hospital held a maximum of four people. It was not air-conditioned, and it was rumored that our founder Dr. George McClellan had brought the furniture from the University of Pennsylvania in 1824! Carla in her effective, quiet way made it quite clear to the Director of the house staff program that the quarters were totally unacceptable, particularly as the male house staff quarters were completely air-conditioned and had been recently refurbished," he continued.

Following her internship, Dr. Goepp served a National Cancer Institute Fellowship in oncology and cytogenetics at Jefferson from 1965 to 1967. She began her residency in internal medicine at Jefferson in July 1967 and was Chief Medical Resident from July 1968 until June 1969.

Dr. Goepp has been the Coordinator of the Interdepartmental Teaching Programs of the freshman and sophomore years, Introduction to Clinical Medicine, since July 1977. She has contributed much to the medical literature on her work in oncology and genetics. She has been a member of the Board of Directors of the Philadelphia Division of the American Cancer Society, and presently she is a member of the Service Committee and the Professional Education Committee of the Division.

Dr. Sweeney remarked that one of his first recollections of Dr. Goepp was when he was responsible for the educational programs of the residents and interns in the medical department: "On the morning of July 6, 1964, I suddenly realized that I had assigned two women, an intern and a resident, to the same floor of the medical service, Carla Goepp and Lily Chung. These two women were the only house officers for 35 patients who were being cared for by a mildly chauvinistic attending staff!"

"Shock waves went through the

Department of Medicine as it was realized what I had done. But Carla and Lily's capabilities quickly ended those problems," said Dr. Sweeney.

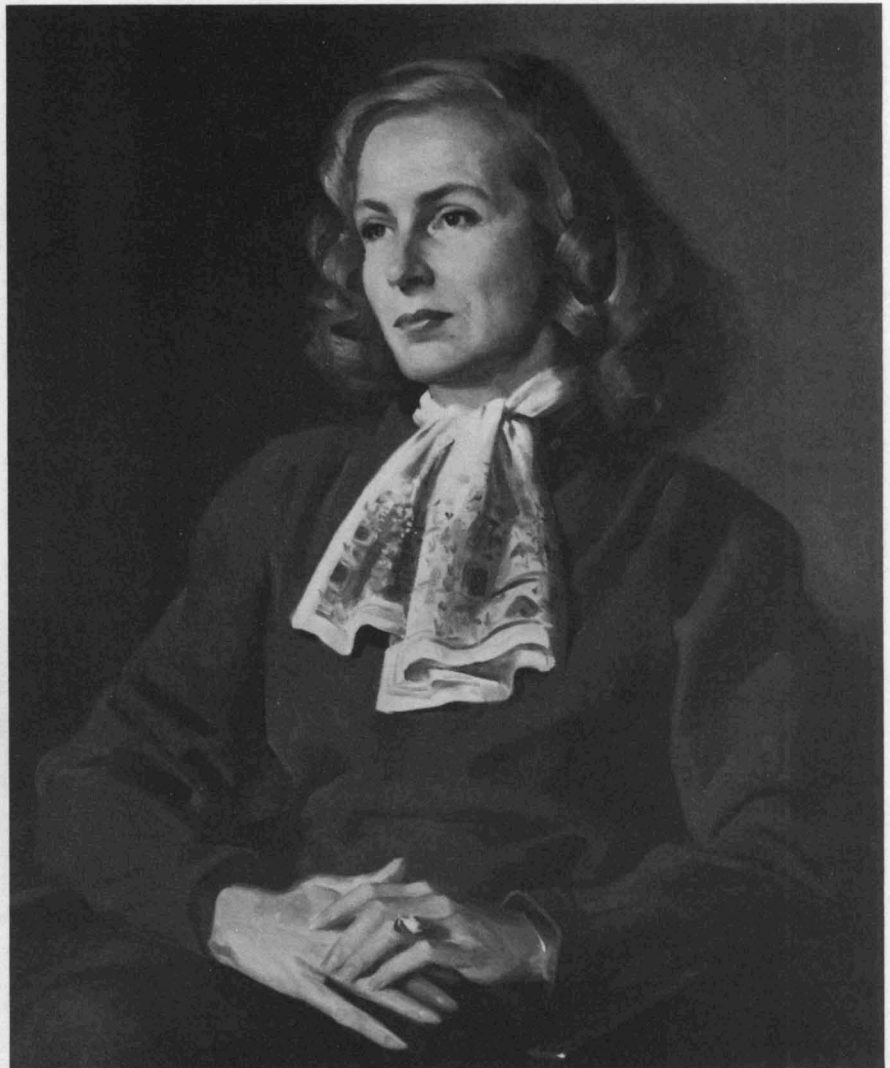
Noting that Dr. Goepp was the first woman to obtain the position of Associate Professor in the Department of Medicine, Dr. Sweeney praised her work and her deep commitment to medical education. Dr. Goepp recently returned from a sabbatical in London, England, and Dr. Sweeney related warmly that he was very glad to welcome her back to campus.

Dr. Goepp's brother, R. Maximilian Goepp, named for his physician grandfather, stepped forward to be with her for the unveiling by the senior portrait committee. Dr. Goepp was painted in a striking red

gown with a contrasting white scarf at her neck.

Dr. Goepp responded, "Shakespeare has said, 'Silence is the most perfect herald of joy. I were but little happy if I should say how much.' However, this occasion dictates I must take exception and attempt to verbalize what is in my heart."

"As a class you have always shown unique charm and spontaneous spirit. In academic performance and attitude, you have proven to be exceptionally self-sufficient having the comradery and diligence essential for results of the highest level. You labored hard and soon reap the harvest of a physician's degree. Thanks for the sustained vote of confidence we have shared through



Dr. Goepp

the years. Please always remember to cherish your style. Those who bring sunshine to the lives of others can not keep it from themselves," she said to the class.

After thanking the class, family, colleagues and friends, Dr. Goepp informed those gathered of a traditional saying in her family: "Cast thy bread upon the waters, for it will come back cinnamon toast!" "We were great cinnamon toast fans," she explained, "and now I have hit the jack pot when it comes to cinnamon toast."

William F. Kellow, M.D., Dean and Vice President, receiving the portrait for the faculty, mentioned that when he first met Dr. Goepp she informed him they had two things in common, neither were Jeffersonians and both were graduates of Georgetown University.

"Later, I learned Carla had a lot more Jefferson blood in her than I did and had established a much better record at Georgetown!" he said.

Lewis W. Bluemle, Jr., M.D., President, accepted the portrait on behalf of the Board of Trustees. "Dr. Goepp personifies those human and personal values which students and patients want us to preserve, a concerned interest in the individual, a reliance on the mind as well as technology and an ability to give much without expecting a great deal in return," he stated.

Karen A. Johnson, M.D., '81, in her closing remarks acknowledged the artist, Robert O. Skemp, who has done many of the Jefferson portraits.

"I am vaguely reminded of a portrait that hangs with the National Portrait Collection in the Second Bank of the United States on Chestnut Street. There are a number of portraits of the staid, conservative patriarchs of the American Revolution. But one portrait stands out from all the rest and that is a painting of a Mohawk Indian in full, crimson regalia," Dr. Johnson remarked.

"I would like to look forward to a time several hundred years from

now," she added, "when the decision is made to bring all of Jefferson's Skemp portraits together in one place. There, along with the staid, conservative patriarchs of the Jefferson medical community, one painting will stand out from all the rest, Dr. Carla Goepp in full, crimson regalia!"

aoa lecture

The Alpha Chapter of Pennsylvania is one of approximately 20 chapters nationally to be awarded an Alpha Omega Alpha Visiting Professorship for the 1981 academic year.

The Visiting Professor, George W. Santos, M.D., Professor of Oncology and Professor of Medicine at the Johns Hopkins University School of Medicine, participated in scheduled events May 11 through 14. Dr. Santos, who has published numerous articles in his field, presented four lectures to Jefferson audiences.

To be selected for the Professorship, student members of AOA chapters must submit an application, endorsed by their Councillor and the Dean of their medical school, detailing specific objectives for the visit, planned events and the type of individual they intend to seek.

Recipients of the Professorship are determined by a committee of AOA chapter Councillors and national officers of the organization. Jefferson was selected to receive the AOA honor once before in November 1978. At that time, William Tisdale, M.D., Professor of Medicine at the University of Vermont, was the Visiting Professor on campus as part of events planned to celebrate the 75th anniversary of the Jefferson AOA chapter.

A major facet of the program is to encourage students' contacts with the visitor. The program is also designed to allow the Visiting Professor to interact with the academic community. The visitor is requested to present an original lecture on a scientific, clinical or philosophical topic which provides intellectual stimulus for a general medical audience.

The chapter invited a teacher with a broad oncology background which was of interest to both the general internal medicine audience and the surgical profession to help promote communication between the two fields in the study and treatment of oncology.

On Monday night, Dr. Santos presented a lecture entitled "Of Mice and Men, a Personal and Continuing Adventure" to the combined societies of AOA, Hobart Amory Hare and Gibbon. The following afternoon he spoke to the faculty and staff of the medical and surgical departments and members of the Cardeza Foundation on "Autologous Bone Marrow Transplantation -- Present and Future Applications." He spoke on "Bone Marrow Transplantation in Leukemia -- Present Status" on Wednesday evening. Prior to his departure Thursday morning, Dr. Santos concluded his visit with a lecture on "Aplastic Anemia - Lessons Learned and to be Learned."

David N. Gingrich serves as President of Jefferson's AOA Chapter.

new dean

Jussi J. Saukkonen, M.D., the new Dean of the College of Graduate Studies, has a wealth of experience in education, academic governance, student affairs and administration. His appointment was effective July 1.

Originally from Finland, Dr. Saukkonen received the Candidate of Medicine, an equivalent to the bachelor's degree, from the Helsinki University School of Medicine in 1951. He was a Research Fellow at the Institute for Experimental Cancer Research, University of Heidelberg, and the Institute for Physiological Chemistry, Philipps University, Marburg/Lahn, West Germany.

In 1955, Dr. Saukkonen was granted the Licentiate of Medicine (medical degree), and in 1956 he was granted the Doctor of Medicine

and Surgery by the Helsinki University School of Medicine. The Doctor of Medicine and Surgery requires the presentation of a scholarly thesis and corresponds to a combined M.D. and Ph.D. degree in the United States.

Dr. Saukkonen was a postdoctoral fellow in the Cell Chemistry Laboratory of the College of Physicians and Surgeons at Columbia University in New York City from 1957 to 1959. He was awarded the title of Docent by the faculty of the Helsinki University School of Medicine in 1962, which in the tradition of many European countries is granted following successful completion of specific academic requirements.

At the Helsinki University School of Medicine, Dr. Saukkonen was Lecturer in Medical Chemistry from 1962 to 1970. He was Head of the Biochemistry Laboratory from 1959 to 1965 and Director of the Department of Biochemistry from 1966 to 1969 at the Central Public Health Laboratory in Helsinki.

Dr. Saukkonen came to Jefferson in 1969 as Associate Professor of Microbiology, and he has been Professor of Microbiology since 1972. He has been very active in University governance and is presently a member of the Task Force on University Planning and Chairman of the Jefferson Medical College Committee on Curriculum. (JAB, Fall, 1979).

Jefferson has a long history of graduate education and has been granting master's and Ph.D. degrees since 1949 although the College of Graduate Studies did not officially become an academic division of the University until 1969. The College's first Dean, Robert C. Baldrige, Ph.D., who resigned his post effective June 30, continues to play an active role as a full time Professor of Biochemistry.

There are approximately 86 faculty members in the College of Graduate Studies at the present time, and all of them have primary appointments in the Medical College basic science departments.

There are six graduate programs,

anatomy, biochemistry, microbiology, pharmacology, physiology and pathology. "Graduate education is very closely tied with any research activities we have here," says Dr. Saukkonen.

Reflecting on the future of the College, Dr. Saukkonen remarks, "We want to improve and enhance the quality of the programs. We measure the success of our programs by considering the post doctoral positions and employment records of our graduates. We can be reasonably proud as the majority of our graduates have gone on to good academic institutions or in comparable research positions in industry."

He adds, "We want to continue our successful record. The graduate student body presently consists of nearly 100 students.

We can accomodate more students but the emphasis is on the quality of our students and programs, not on greater numbers."

The graduate faculty has initiated eight major new courses in areas of current interest such as immunology and aspects of development biochemistry. In the past, about 80% of the graduate students have received financial aid in the form of fellowships, scholarships or loans. However, the College has not been able to offer students more than one year of assistance.

"We are working toward four year scholarships which will be a plus factor in our competition for top students. Through a donation we received at the beginning of this year, we have established one four year scholarship which will be in effect this fall," Dr. Saukkonen states.

"In addition to our traditional programs," he notes, "new interdisciplinary programs which are very much in the forefront of recent developments have been started.

Beginning this fall the students can choose between two immunology tracks, each with a slightly different emphasis. The two programs complement each other. Another new interdisciplinary program is develop-

mental biochemistry, which is run by the faculty of the biochemistry and anatomy departments," notes Dr. Saukkonen.

He continues, "We are offering up-to-date programs conducted by faculty who are in the forefront of research in their respective areas. The quality of our program is quite competitive."

All of the graduate programs lead to the Ph.D. with the exception of two master's programs. One leads to a master's degree in clinical microbiology and is specifically designed to train supervisors for hospital laboratories. Only students with a minimum of three years experience in hospital laboratories are accepted.

The second master's program in toxicology is new, and the first students graduated this June. Students entering the program must have a Ph.D. in biology or chemistry. The program prepares them for industrial toxicology or academic positions.

As Dean of the College of Graduate Studies, Dr. Saukkonen is interested in furthering basic science research at Jefferson. Recently, he worked to organize a series of joint research seminars with Wills Eye Hospital. The seminars which began in June are aimed at discovering points of contact and stimulating combined research.

Dr. Saukkonen emphasizes the impact of graduate students on research activities at the University. "They are young investigators who contribute their research and their ideas to the institution. We often say they keep the faculty members on their toes!"

Noting that a majority of the challenges and exciting recent scientific developments have occurred in the context of medical institutions, Dr. Saukkonen stresses the association of the College of Graduate Studies with the Medical College. "This College is an outgrowth of what the Medical College has represented. We work closely with the Medical College, and this is mutually a very beneficial relationship."

achievement award

"Tonight Jefferson is awarding one of its highest honors to an alumnus of colossal renown, John Y. Templeton, III, M.D.," stated Frederick B. Wagner, M.D., '41, presenting the Alumni Achievement Award to his classmate at the annual Alumni Banquet in June. As his colleague and partner, Alumni President Benjamin Bacharach, left the dias to escort Dr. Templeton to the podium, the audience of nearly 600 rose in a standing ovation for the 1981 recipient.

In accepting the award Dr. Templeton expressed his pleasure and thanks at receiving it during his 40th reunion. "As I look about the hall this evening and see the many outstanding physicians and as I am reminded of the 7,000 Jefferson alumni around the world, I have a deep feeling of humility." Then he added, with a smile, "And that is particularly significant for a cardiothoracic surgeon!"

Dr. Templeton presently is Professor of Surgery at Jefferson, a post he has held since 1967. During his training and early years of practice, Dr. Templeton worked closely with John H. Gibbon, Jr., M.D., '27, the Samuel D. Gross Professor of Surgery. Following Dr. Gibbon's retirement in 1967, Dr. Templeton was appointed Samuel D. Gross Professor of Surgery and Head of the Department. He resigned as Chairman in 1969 but remains as full Professor.

During recent years Dr. Templeton has served as President of the Philadelphia Academy of Surgery, the Philadelphia County Medical Society, the Laennec Society of Philadelphia, the Jefferson Alumni Association and presently the medical staff of Thomas Jefferson University Hospital. In addition he has been honored by his colleagues by the presentation of his portrait to the Medical College and the establishment of the Templeton Lectureship in 1980. (JAB summer)



1981 Alumni Achievement Award recipient, John Y. Templeton, III, M.D.

Born July 1, 1917 in Virginia, Dr. Templeton was reared in North Carolina where his family roots go back to Revolutionary times. Dr. Templeton graduated with a Bachelor of Science degree in Chemistry from Davidson College in North Carolina. His father, the late John Y. Templeton II, M.D., was a member of the class of 1913, and his brother Thomas B. Templeton, M.D. graduated in 1955.

"Dr. Templeton came to Jefferson with an incredible Southern accent that 40 years have just started to erase!" joked Dr. Wagner.

Dr. Templeton was a member of AOA and graduated from Jefferson at the top of his class. His career was interrupted in 1942 by World War II. In 1946 he was honorably discharged from the U.S. Army Medical Corps with the rank of Major.

Dr. Templeton served his resid-

ency in general and thoracic surgery at Jefferson. Following his residency, he was an American Cancer Society Clinical Fellow and a Damon Runyon Fellow at the Jefferson Medical College Hospital.

Dr. Templeton has written more than 80 articles for various surgical journals and is a member of over 50 local, national and international societies. Some of these include the American Surgical Association, the International Society of Surgery, the American Association for Thoracic Surgery and the American College of Surgeons. He served as the Governor from Pennsylvania to the College.

A plaque with Dr. Templeton's name has been added to the award listing in the west entrance way to Jefferson Alumni Hall. The award, established in 1964, has been presented to 21 distinguished alumni and two Jefferson administrators.

honors etcetera

Lewis W. Bluemle, President of Thomas Jefferson University, participated in a colloquium marking the 200th anniversary of the founding of Washington and Jefferson College in Washington, Pennsylvania, and received the honorary degree of Doctor of Humane Letters at the 182nd Commencement Exercises in May. The Medical College was founded in 1824 as a branch of Jefferson College in Cannonsburg.

George J. Andros, M.D., was named Honorary Professor of Obstetrics and Gynecology at Jefferson.

G. William Atkinson, M.D. was promoted from Associate Professor to Professor of Medicine at Jefferson.

Sang Yon Cho, M.D., Associate Professor of Pathology and the Director of autopsy pathology at Jefferson, has passed the subspecialty examination in dermatopathology.

Leonard S. Dreifus, M.D., Professor of Medicine and Professor of Physiology at Jefferson, received the 1981 Distinguished Fellowship Award of the American College of Cardiology in San Francisco in March. Dr. Dreifus is Chief of the Department of Cardiovascular Diseases at Lankenau Hospital.

Gerald M. Fendrick, M.D., has been promoted to Clinical Professor of Pediatrics at Jefferson.

Charles Fineberg, M.D., Professor of Surgery at Jefferson, was elected Chairman of the Pennsylvania State Advisory Committee by the Board of Regents of the American College of Surgeons. The Committee, under the supervision of the College of Surgeons, assists the Central Judiciary Committee and the Administrative Office of the College in investigation of facts related to disciplinary matters.

The Committee submits recom-

mendations for nominations to fill vacancies on the Board of Governors to the Nominating Committee. The Advisory Committee also assists and advises the administrative offices of the College and the Board of Regents about local issues.

Samuel A. Guttman, M.D., was named Honorary Professor of Psychiatry and Human Behavior at Jefferson.

John H. Killough, M.D., Ph.D., has been named Emeritus Associate Dean and Honorary Associate Professor of Medicine at Jefferson. Dr. Killough, who took early retirement in July, served as Director of Continuing Education at the Medical College.

Alfred B. Kurtz, M.D., Associate Professor of Radiology at Jefferson, was awarded a grant of \$34,740 by the Whitaker Foundation for his research in ultrasound. Dr. Kurtz's project, entitled "Ultrasonic Endoscopic Imaging of the Coronary Arteries and Tumors within the Mediastinum and Pelvis," investigates the use of ultrasound to improve routine examination of the body's interior canals.

Francis E. Rosato, M.D., Samuel D. Gross Professor of Surgery and Chairman of the Department of Surgery at Jefferson, was recipient of the Saint Joseph's University Medical Alumni 1981 Father Clarence E. Shaffrey, S.J. Award. Dr. Rosato also was named Alumnus of the Year by the Hahnemann Medical College Alumni Association at its activities in June.

Dr. Rosato attended Saint Joseph's from 1952 to 1955 and obtained his medical degree from Hahnemann Medical College in 1959. George R. Green, M.D., President of the Saint Joseph's Medical Alumni, presented Dr. Rosato with the esteemed Award, given to an alumnus in recognition of outstanding dedication, integrity, humility and service to others.

The awarding of this year's Shaf-

frey Award to Dr. Rosato marks the 31st presentation. Over the past 30 years, five alumni, two deans, two professors and one President of Jefferson have been recipients: Louis N. Clerf, '14, Francis J. Brace-land, '30, John H. Gibbon, Jr., '27, John A. McCormick, '35 and Joseph T. English, '58; Deans William A. Sodeman and William F. Kellow; Professors J. Parsons Schaeffer and Hobart A. Reimann and President Peter A. Herbut.

Joseph Rupp, M.D., '42, has been named Emeritus Professor of Medicine at Jefferson.

Ross V. Speck, M.D., has been appointed Clinical Professor of Psychiatry and Human Behavior at Jefferson.

William C. Stainback, Jr., M.D., was named Honorary Professor of Surgery at Jefferson.

Joseph W. Stayman, Jr., M.D., '42 has been named Emeritus Professor of Surgery at Jefferson.

Robert M. Steiner, M.D., '64, has been promoted to Professor of Radiology at Jefferson.

urology conference

Jefferson trained urology residents were in Philadelphia April 3 and 4 for the first David M. Davis Visiting Professor Conference, named in honor of the Emeritus Nathan Lewis Hatfield Professor of Urology.

The group of 40 former and current residents were guests of S. Grant Mulholland, present Nathan Lewis Hatfield Professor of Urology. The weekend commenced with a tour of the campus. According to Dr. Mulholland, the former residents consisted mainly of physicians from outside the local area and many were amazed by the new facilities and developments at Jefferson.

Prominent Baltimore urologist, John Young, M.D., Chairman of the Department at the University of

Maryland Hospital, the Visiting Professor for the conference, was entertained by the residents at a dinner on Friday evening.

On Saturday morning, following a greeting by Dr. Mulholland and Louis L. Keeler, M.D., Clinical Assistant Professor of Urology and coordinator of the conference, present residents presented clinical sessions which included case studies, research projects and protocols. After lunch, the former residents, who were impressed by the numerous studies and research projects being conducted at Jefferson, reciprocated with presentations of their cases.

Burton Smith, M.D., a former resident from California, discussed a case involving trauma to a woman's bladder intraoperatively and the thought and manipulation which enabled her to eventually function normally. William M. Wixsted, M.D., '72 presented cases concerning clinical problems related to tumors and masses. Interesting cases were also presented by alumni J. Elder Bryan, Jr., M.D. '45 and Howard Mazer, M.D. '49 and many others.

At the end of the day, an evaluation indicated that the presentations, content, method and facilities were ranked 75% excellent. "The program should be scheduled annually for all past residents. An excellent way to maintain resident interest in Jefferson," commented one participant.

A dinner at the Bellevue Stratford Hotel concluded the program. Due to its tremendous success, Dr. Mulholland expects the conference to be scheduled again next year for sometime in early April.

commencement

"Jefferson Medical College has granted a total of 23,773 medical degrees and now has 7929 living alumni," remarked William F. Kellow, M.D., Dean and Vice President, as he prepared to present degrees to 222 new graduates at the 157th Com-

mencement ceremony on June 5.

Jussi J. Saukkonen, M.D., Dean of the College of Graduate Studies, presented nine Ph.D. and 11 master of science degrees. For the first time, four students were granted master of science degrees in the area of toxicology.

Keeping with tradition, the ceremony was held at the Philadelphia Academy of Music. Friends and family watched from several tiers, behind elegant, gold trimmed railings. The stage was decked with bright pink and red flowers.

The graduates applauded individual professors as they passed during the academic procession. President Lewis W. Bluemle, presiding at the ceremony, asked friends and relatives to stand and show their support of the graduates with a round of applause. Individual degrees were conferred to students on stage after the President's remarks. The Oath of Hippocrates was administered by Joseph J. Rupp, M.D., '42 Professor of Medicine.

Three individuals were then conferred Honorary Degrees. The Degree of Doctor of Humane Letters was bestowed upon Richard Kistler Bennett, President and a member of the Board of Directors of the William Penn Foundation.

"Richard Kistler Bennett has applied independent vision and a critical sense of human need to directing the sources within his purview toward improving the lot of his fellow men," read James H. Robinson, M.D., Clinical Professor of Surgery and Associate Dean in his presentation.

Mr. Bennett has been conferred numerous awards and citations by various organizations and individuals including those from the Secretary General of the United Nations, the United States Office of Scientific Research and Development, Opportunities Industrialization Center, and Our Neighborhood Civic Association. He is also the recipient of the Martin Luther King Award, the National Carver Award and the coveted Merit Award of the N.A.A.C.P.

Nationally, Mr. Bennett has served on the Board of the Indian Rights Association, the President's Commission on Government Contracts, the National Committee Against Discrimination in Housing, the National Council on Agricultural Life and Labor, and many others.

Former President of the State of Israel, Ephraim Katchalski-Katzir, Ph.D., Professor at the Weizmann Institute of Science, was conferred an Honorary Doctor of Science. Professor Katzir received his doctorate in 1941 from the Hebrew University in Jerusalem and began his career as an Assistant in the University's Department of Theoretical and Macromolecular Chemistry. From 1949 to 1973 he headed the first Department of Biophysics at the Weizmann Institute of Science in Rehovot, Israel. He also served as Visiting Professor at illustrious institutions such as the Hebrew University, Harvard University, the University of California, Los Angeles, and the Rockefeller Institute in New York.

Dr. Katzir was Chief Scientist of the Israel Defense Ministry from 1966 to 1968. Nominated by the Labour Party, Professor Katzir was elected President of the State of Israel in 1973 and served until 1978.

Dr. Katzir is a member of the Israel Academy of Sciences and Humanities and numerous other learned bodies in Israel and abroad such as The Royal Society of London, the National Academy of Sciences of the United States, the American Academy of Arts and Sciences, the Council of the International Union of Biochemistry, the World Academy of Arts and Sciences and the American Philosophical Society. Paul H. Maurer, Ph.D., Professor of Biochemistry and Chairman of the Department, presented Dr. Katzir with the honorary degree. (see page 21).

The third honorary degree recipient, Hanna Holborn Gray, Ph.D., President of the University of Chicago, gave the Commencement address. "Hanna Holburn Gray, edu-

cator, administrator, historian and scholar, is recognized as one of this country's foremost academic leaders. Her intellect and leadership are constantly being sought, as evidenced by her involvement as a Trustee at Bryn Mawr College, the Center for Advanced Study in the Behavioral Sciences, The Brookings Institute and the Andrew W. Mellon Foundation, as well as her recent appointment by President Reagan to the commission to advise the structure of The National Endowments for the Arts and the Humanities," stated Gustave G. Amsterdam, Esq., a member of the T.J.U. Board of Trustees in his presentation.

After graduating summa cum laude from Bryn Mawr College in 1950 at the age of 19, Dr. Gray attended Oxford College for two years as a Fulbright Scholar. In 1957, she was awarded the Doctor of Philosophy degree in history from Harvard University, where she taught for the next three years.

Doctor Gray became Dean of the College of Arts and Sciences and a Professor at Northwestern University in 1972. Then in 1974 she was named Provost and Professor at Yale University, and later in 1977 assumed the position of Acting President while retaining the responsibilities of Provost.

In her address, Dr. Gray emphasized the importance of a sense of the relatedness of things for those in the practice of medicine who must continually confront social and ethical values. She urged the new graduates to be attentive to human dimensions and to be aware of the individuality of human beings. "There is no way in which the physician can stand apart from larger problems," she said.

class day awards

Awards to graduates for outstanding work in medical school were presented at Class Day Ceremonies, held in McClellan Hall on June 4. Dr. Kellow, presiding at the cerem-

ony, opened with the remark, "Our purpose today is to honor our graduates. We will honor them again tonight at the Alumni Banquet and tomorrow at Commencement, and then we are going to tell them to go out and go to work!"

When the class of 1981 entered Jefferson in 1977, there were over 4,500 applications, one of the highest number Jefferson had every processed, according to Dr. Kellow. There have not been as many since then, as medical school applicants have been declining nationally.

The Dean characterized the composition of the Class of 1981. Twenty-eight students were in the Penn State accelerated program, just five years out of high school. Twenty-two students were in the program Jefferson has with Delaware in which Jefferson functions as the medical school for the State of Delaware. "Twelve students came to Jefferson from counties in Pennsylvania that are short of doctors and have promised to go back and practice medicine," noted the Dean. There are 182 men and 40 women in the class.

Introducing Wolfgang H. Vogel, Ph. D., Professor of Pharmacology and Professor of Psychiatry and Human Behavior, the speaker selected by the Class of 1981, Dr. Kellow said, "Dr. Vogel is a very popular teacher at Jefferson. Repeatedly, he has been asked to address the assembly on sophomore Parent's Day. In 1972, he was awarded the coveted Lindback Award for distinguished teacher of the year."

The topic of Dr. Vogel's address was "Pars Sanitatis Velle Sanar Fuit" which he explained were the words of an old Roman philosopher meaning the wish to be healed. Dr. Vogel then illustrated that the art of healing goes beyond knowledge and described experiences he had as a young man when antibiotics and other modern medical technology were not common place.

Dr. Vogel concluded, "Love, understanding and compassion can

instill the will to be healed in a patient, and while they enrich the one who receives, they do not impoverish the one who gives."

Mark Gordon Rubin, M.D., '81, represented his class. Dr. Rubin noted that when he spoke on Parent's Day, during the sophomore year, he bestowed an "M" on his fellow classmates to mark the completion of the first half of their M.D. He concluded, "In the words of Harry S. Truman, 'Tomorrow is a day of massive importance. The events of this day will alter the course of history in the world. Tomorrow is D-day!' I too would like to declare tomorrow D-day. The day we receive the other half of our M.D."

Prizes were awarded to distinguished students following Dr. Rubins's presentation. The most prestigious award, the Alumni Prize for the highest, overall cumulative record, was made to John S. Radomski, M.D. Dr. Radomski was also the recipient of the Clinical Surgery Prize in memory of Francis Torrens Stewart, M.D., Professor of Surgery from 1910 to 1920.

Michael S. Remetz, M.D. was awarded the coveted William Potter Memorial Prize in Clinical Medicine for the highest cumulative average during the last two years of medical school. Honorable mention for the Alumni Prize and the Potter Prize went to Mark A. Staffaroni, M.D., who was the recipient of the Arthur Krieger Memorial Prize in Neurology and the Philip and Bella Medoff Memorial Prize given to a senior student in the Hobart Amory Hare Medical Society for excellence in internal medicine and outstanding contributions to the Society.

Honorable mention for the Clinical Surgery Prize went to John D. Angstadt, M.D., who was awarded the Upjohn Achievement Award for outstanding all around achievement in Clinical proficiency. Honorable mention for the Krieger Prize went to David M. Bercaw, M.D., for the Medoff Prize to Robert R. Kester, M.D. and for the Upjohn Achieve-

ment Award to Anne L. Rosenberg, M.D. Dr. Rosenberg and four other students, Sophia Chan, M.D., Christine C. Desjardins, M.D., Andrea G. Jordan, M.D. and Mary Jane McClements Guardiani, were awarded the Janet M. Glasgow American Women's Association Scholarship Achievement Citation. In addition, Dr. Jordan was awarded the Baldwin L. Keyes Prize in Psychiatry and Dr. Guardiani received the W.B. Saunders Company Prize for medical publications.

John M. Skibber, M.D. was awarded the George J. Willauer Prize in General Surgery for excellence in the field during his clinical years and the Henry Keller Mohler Memorial Prize in Therapeutics. The Orthopaedic Surgery Prize was given to Thomas R. Westphal, M.D. Michael H. Rittenberg, M.D. received the Urology Prize. The Obstetrics and Gynecology Prize went to Peter E. Bippart, M.D., and the Hyman Meduke Research Prize went to Donald L. Emery, M.D. Many other prizes were awarded including the new Louis Merves Award established by friends and relatives of the late member of the Class of 1937 and former Clinical Associate Professor of Medicine. Each member of the class received a copy of *The Search for Solutions* by Horace Freeland Judson.

The prestigious Christian R. and Mary F. Lindback Awards for Distinguished Teaching were also presented on Class Day. The Basic Science Award was presented to Kenna D. Peusner, Ph.D., Assistant Professor of Anatomy, and the Clinical Science Award went to Herbert E. Cohn, M.D. '55, Professor of Surgery.

Dr. Peusner received her bachelor of science degree in biology from Simmons College in Boston in 1968 and was a Teaching Fellow in natural sciences at Harvard College in Cambridge from 1968 to 1969. Then from 1970 to 1971 she was a Laboratory Instructor in histology at Harvard Medical School in Boston, where she received her Ph.D. in

anatomy in 1974.

Following a year as a Postdoctoral Research Fellow in anatomy at Harvard, Dr. Peusner came to Jefferson in 1975 as a Laboratory Instructor and Lecturer in Histology and Neuroanatomy. She was made an Assistant Professor in 1977. Dr. Peusner is presently the principal investigator in a study of the role of aging on differentiation through a grant by the N.I.H., National Institute of Neurological and Communicative Disorders and Stroke. She has written several papers and abstracts and recently gave a presentation at the fourth Mid-winter research meeting of the Association for Research in Otolaryngology on the Developmental changes of synaptic endings in the avian lateral vestibular complex.

Dr. Cohn, who was granted his bachelor of science degree from Rutgers University in 1951, served his residency in surgery under John H. Gibbon, Jr., M.D., '27 at Jefferson following an internship at Atlantic City Hospital in New Jersey. He was made an Instructor in Surgery in 1962 and advanced through the ranks to become Professor in 1978.

Dr. Cohn is President of the Volunteer Faculty Association and Director of Graduate Education for the Department of Surgery at J.M.C. At the University Hospital, he is Director of the Surgical Intensive Care Unit, a member of the Long Range Planning Committee, a member of the Executive Committee and Attending Surgeon. In addition, Dr. Cohn is Attending in Surgery and Cardiopulmonary Surgery at Albert Einstein Medical Center - Northern Division.

He is certified by the American Board of Surgery and the Board of Thoracic Surgery. Dr. Cohn belongs to a number of medical societies including Alpha Omega Alpha and the American College of Surgeons.

jeff relationships

Thirty-two members of the class of 1981 have fathers who are alumni of

Jefferson Medical College. Fathers and other Jefferson relations were recognized on June 3, following the reunion week Clinic presentations, at the annual Dean's Luncheon hosted by William F. Kellow, M.D., Dean of the Medical School.

The following are included in the Jefferson alumni father-graduate pairs: Norman S. Amer '54 and Jeffrey A.; Bernard Cramer '46 and Arnold J.; William V. Crosby '49 and Victor A., II; Rudolph T. DePersia '48 and Rudolph T., Jr.; Robert K. Finley, Jr. '48 and Robert K., III; Casimir F. Gadomski '33 and Stephen P.; Everett J. Gordon '37 and Stuart L.; Peter M. Guillard '51 and Paul; John D. High '40 and David A.; Christopher K. Hood '54 and Renwick C.; W. Edward Jordan, Jr. '49 and Marshall C.; Burwell M. Kennedy '52 and Scott M.; Richard J. Kester '51 and Robert R.; Paul F. Leicht '51 and John P.; Sidney S. Lerner '47 and Helen B.; Herbert C. Mansmann, Jr. '51 and Kevin A., E. M. McAninch '52 and Malcolm L.; Edwin M. McCloskey '51 and Michael D.; Peter J. Mihalick '41 and Ann L.; Irwin N. Perr '50 and Hilary A.; Jack Noah Rosenberg '54 and Ann L.; Robert Jay Rubin '53 and Mark G.; Eli R. Saleeby '22 and Eli R.; Joseph W. Schauer, Jr. '55 and Joseph W., III; Paul C. Schroy, II '57 and Paul C. III; Harold C. Smith '34 and John W. II; Stephen Sorokanich '54 and Stephen Jr.; Reyer O. Swan '49 and David M.; William Lee Welch '41 and John Patrick; George W. West '50 and Max L.; George A. Winch '49 and George A., Jr.; John D. Wofford '54 and Emily R.

In addition, four graduates have fathers who are Jefferson faculty members. They are Alfred E. Bacon, Jr. of the Department of Medicine and Alfred E., III, Herman F. Boerner of the Department of Psychiatry and David A., Henry S. Brenman of the Department of Physiology and Otolaryngology and Scott A., and Jay A. Desjardins of the Department of Medicine and Christine C.

Graduate Malcolm L. McAninch has deep Jefferson roots. His great grandfather, David L. McAninch, graduated in 1879, 73 years before Malcolm's father and 102 years before Malcolm. Another graduate, Marshall C. Jordan, has a grandfather, Charlton Cash Whittle, who graduated in 1911.

israeli president

"When I took on the Presidency of the State of Israel in 1973, I thought I would continue the tradition of having the President chosen from scholars. I was the fourth President, and as a bio-chemist, was the second chemist out of the four. I figured I was increasing the chances of a young man studying chemistry in the State of Israel of becoming President by 50%!" revealed Ephraim Katchalski-Katzir, Ph.D.

Dr. Katzir, President of the State of Israel from 1973 to 1978 and Professor at the Weizmann Institute of Science, Rehovot, Israel, who was awarded an Honorary Doctor of Science at the Commencement ceremony, spoke on "the Scientist as President of State" on June 4 to alumni gathered for the reunion week activities. (see page 18).

"As a young man I was impressed with the words of Pasteur when he told his students to look at science as an international effort and to do everything possible to promote it. But to remember that scientists are citizens of their State and should make an effort in science to promote their State," explained Dr. Katzir.

Dr. Katzir recollected his friendship with Professor Weizmann: "I was responsible for informing the Professor of the new developments in science. One day he told me that I had a promising future in science but warned me not to mix in politics. For five years, I had to pay rather heavily for failing to follow his advice!"

Dr. Katzir was in the United States just prior to his nomination by

the Labour Party. He was unsure whether he should accept the nomination, but then Prime Minister, Golda Meir, phoned him long distance from Israel for several nights in a row trying to convince him to run. "If a lady calls me every night, finally I can not resist it!" said Dr. Katzir.

"To my enormous surprise, I found my science background did not help with people and politics. With people you can not repeat an experiment! As scientists, we try to find truth and the best solution but politicians try to look for the optimal solution so that they can gain the support of the people. And I always wonder how they evaluate their chances to be successful!" he commented.

The President in Israel has many official functions including being the first citizen of the State, nominating ambassadors and judges, reporting to the cabinet and meeting with the Prime Ministers. The Constitution of the State of Israel designates that the President symbolize the nation.

"It was more difficult than I thought," admitted Dr. Katzir. "I had to know about every man that came to see me and be able to talk intelligently about his concerns and problems. As President, I was a father image to the country."

Recollecting some his colleagues, tough, strong men who rarely showed their feelings, Dr. Katzir told of an experience he had as President. He was in a helicopter with a friend, who remarked that his son had just been killed. The man remained calm and unemotional as he spoke of his son's death, but later the man began to talk about the President of the State of Israel and his eyes welled with tears.

"Israel is an interesting country. There are people who have come from 80 countries, and there is a great desire among the various groups to revive the nation, culture and language. It is a country where one discovers what moves people, great and noble ideas. The Israelis are highly motivated people. It is a

country where changes can occur rather quickly," remarked Dr. Katzir.

The number of students in the country has greatly increased since Dr. Katzir's student days. The country has five institutions of higher learning where research and development are stressed. Israel now has free education which was a major effort as the country spends about 40% of its budget on defense and 20% on loans.

Dr. Katzir remembers the Yom Kippur War as the most difficult time during his Presidency. Noting that Israel now has agricultural relations with Egypt, Dr. Katzir joked, "With their doctors we have problems! Some of them treat wealthy men from Moslem countries, but once they come to Israel, these patients do not want them as doctors anymore."

"I hope there will not be another war. As President of Israel, I learned that science is only one act of man, one of the most noble. There is a bridge between science and the spirit of man where there is no vision where people perish. There are values higher than science, and these are justice, righteousness, peace and love. A good scientist should keep these things in mind," Dr. Katzir concluded.

alumni banquet

At the annual Alumni Banquet held June 4 at the Franklin Plaza Hotel members of the Class of 1981 were heard to remark, "Five years from now, we can get together and do this again!" Benjamin Bacharach, M.D. '56, President of the Alumni Association, was toastmaster at the event which welcomes returning alumni and honors the seniors.

Chairman of the T.J.U. Board, Frederic L. Ballard, Esq., and University President, Lewis W. Bluemle, addressed the audience of nearly 600. All institutions like ours face challenges greater than any I have seen in my time," Mr. Ballard



announced, referring to the state of medical education nationally with the certain prospect of continued cutbacks in federal funding.

President Bluemle in his remarks noted two current events which have helped to further Jefferson's reputation for excellence. In a recent issue of *Business Week* magazine, Jefferson was listed as one of 24 top hospitals in the nation for general care, and three Jefferson graduates, Joseph Giordano, M.D. '67, Manfred Lichtmann, M.D. '63 and Kathleen Cheyney, M.D. '74, treated President Reagan after the attempt on his life last spring. (see page 44).

William F. Kellow, M.D., Dean of the Medical School, stressed to the new graduates the importance of a physician's sensitivity to patients and their problems. Dean Kellow related an experience he had as a young physician when he took over the practice of another doctor, Dr. Brown, for about ten months. Dr. Brown, a family practitioner, was very popular and his office was always crowded.

"When I took over, the crowd began to dwindle," remarked the Dean. Dr. Kellow then described a gossip lady in the town who came to him asking for the pink pills Dr. Brown always gave her for asthma. Dr. Kellow discovered the woman actually had heart failure and that the little pink pills Dr. Brown had been treating her with were aspirin.

Though she came back better after being treated, she would not admit it. And Dr. Kellow heard from another patient that she was not very impressed with him because he never asked about her new grandchild.

"I went to Dr. Brown's funeral some years later. A number of people cried. Several years after his funeral I was home, and I went for a stroll with my father. We walked by the house where the old doctor had lived. We encountered a man from the town. He looked over to Dr. Brown's house and said, 'It's been seven years, and we have had many new doctors in the town. But somehow we have never been able to replace him.'"

He added that Dr. Brown was a poor man who sometimes forgot to send bills. When he died, his house had to be sold.

"He mistook heart failure for asthma, but Dr. Brown was a physician who never forgot to ask about grandchildren. The doctors like me had a new generation of values and would not make patients problems our own problems. Tonight, I am going to ask you, 'Why not?' If you do, you will not only be good, but great. Your patients will pay you the highest tribute there is, they will cry at your funeral," said the Dean.

Eugene F. Bonacci, M.D., spoke on behalf of the Class of 1956, and John D. Angstadt represented the

Class of 1981, (see page 57).

The highlights of reunion week were of course the class parties held on Wednesday and Saturday evenings. Four classes, 1931 on Wednesday, and 1966, 1971, and 1980 on Saturday, had parties at Jefferson Alumni Hall. Other parties included the Class of 1936 at the Cosmopolitan Club, the Class of 1941 at the Union League of Philadelphia, the Class of 1946 at the Philadelphia Club, the Class of 1951 at Three Girard Plaza, the Class of 1956 at the Historical Society of Pennsylvania and the Class of 1961 at Le Bistro, all on Wednesday night.

In addition to the parties, there were the annual Financial Planning Seminars and trolley bus tours of Fairmont Park on Thursday morning. Of particular interest was a special presentation by Ephraim Katchalski-Katzir, President of the State of Israel from 1973 to 1978 and Professor at the Weismann Institute of Science, Rehovot, Israel. Dr. Katzir, who was awarded an Honorary Doctor of Science Degree at the Commencement ceremony on Friday, spoke prior to the Financial Planning Seminars. His presentation was entitled, "A Scientist as President of State." (see page 21)

A variety of interesting topics were presented at the Wednesday morning clinics, given by representatives of the reunion classes. A sampling of the clinic talks follows.

Aerospace Medicine

Supporting Man in an Alien Environment

by Kenneth N. Beers, M.D. '56

Since leaving Jefferson I have spent all but three years in direct support of flyers and astronauts — mostly men but more recently also women. Little did I know as I studied in Jefferson's classes more than 25 years ago that I would live and work with astronauts, monitoring them in space, recovering them after splashdown and caring for them and their families; that I would fly faster than the speed of sound; that I would fly air combat missions; and that I would help design a crew module to enable six men to survive an emergency escape from an aircraft flying supersonically at less than 500 feet altitude in any climate over any terrain. Neil Armstrong was the first man to set foot on the moon when he took "one small step for man, one giant leap for mankind." Here on earth, I was the first person to know how he was reacting physiologically. Less than four seconds after his step onto the moon, the transmission time from moon to earth, I was reading his heart rate in real time on part of the NASA monitoring system that I helped design.

I entered the Air Force in 1958

Dr. Beers, an Associate Professor of Family Practice and Community Medicine at Wright State University School of Medicine, retired from the Air Force in 1978 after 20 years of service. During that time he was assigned to the Space Program.

and after basic flight medical training, was assigned to Alaska where I served as a flight surgeon providing primary care to my flyers and their families. "Flight surgeon" is the military term for one who practices primary clinical aerospace medicine.

In Alaska I first recognized the unique close relationship that develops between a flight surgeon and his pilots, especially after he flies with them regularly. This is not the typical doctor-patient relationship, but rather a mutual respect for competence and a willingness to place personal well-being and livelihood on the line when the outcome is dependent on the competence, skill and judgement of another.

While in Alaska, I participated in many aircraft accident investigations. It was while evaluating accident data for the aero-medical causes, constantly searching for the human factor, that I developed an appreciation for the limitations of some of the life support systems and equipment and saw the need for knowledgeable medical input to its design and modification. This stimulated a continuous and expanding interest in hardware development which has lasted throughout my career.

It was also in Alaska that I got experience practicing medicine by long-distance telephone, caring for emergencies among the personnel at remote radar sites. This experience was the fore-runner of my taking

care of astronauts in space.

In the early 1960's I became fascinated with our space efforts. However, I was a frustrated spectator on the sidelines — until John Glenn's spectacular three orbit flight in February of 1962 prodded me into action. The ticket to the space program was an aerospace medicine residency. At that time, aerospace medicine residencies were offered by the U.S. Navy and the U.S. Air Force for military physicians and by the Ohio State University School of Medicine for civilians. Today the Navy and the Air Force still have aerospace medicine residencies. I presently am teaching the only civilian program at Wright State University School of Medicine in Dayton, Ohio. This program is closely affiliated with Wright Patterson Air Force Base which has aerospace medical clinical and research activities.

I began an Air Force sponsored aerospace medicine residency program in 1962. Then, as now, formal aerospace medicine training began with an academic post-graduate year (beyond internship) with courses in epidemiology, biostatistics, health administration and environmental health. I took my program at the University of California School of Public Health in Berkeley, receiving a Master's degree in Public Health in 1963. Gordon Cooper's last Mercury flight occurred just before final exams. One of my classmates was a Navy flight-surgeon/aviator who

had been an astronaut candidate and a medical monitor on previous Mercury missions. Knowing him, my enthusiasm was raised to fever pitch.

The second year of formal training consisted of clinical work, research, or both, conducted in a supervised setting just as today. I took my program at the Air Force School of Aerospace Medicine at Brooks Air Force Base, Texas.

The third year of an aerospace medicine residency is a year of practical experience. I was the first Air Force resident selected to spend his third year at the new NASA Manned Spacecraft Center rising phoenix-like in a pasture south of Houston, Texas.

When I arrived at NASA in July of 1964, just slightly more than a year after Cooper's last Mercury flight, the pace of activities was already quite hectic. The Soviets were ahead of us in the space race. The Apollo program was already on the drawing boards, and teams, including medical personnel, were assigned to support it. However, before Apollo could proceed, Project Gemini had to be successfully completed.

Project Mercury flights (May 1961-May 1963) demonstrated that man could survive and function in the weightless state on short range missions up to 34 hours, survive re-entry and be recovered successfully. Adverse physiological effects were limited to the cardiovascular system (orthostatic hypotension on return to earth); although this was somewhat disturbing to the Gemini planners, it appeared to be mild and transient. Top NASA management made the decision to proceed with the Gemini and Apollo programs concurrently in what I call the "success-oriented mode."

When I began my duties with NASA, there was more than enough to do. In fact, one could pick and choose from essential projects. Initially, I helped design the Gemini medical kit, developed the packaging of space food and worked on the Gemini in-flight exerciser.

When I arrived at NASA, there were fewer than a dozen aerospace-trained physicians, most, like me, detailed from the military. The majority of these flight surgeons were generalists, filling in wherever needed, providing support to spacecraft development, training and mission support, post-mission analysis, and all the other day-to-day tasks, including public speaking. During missions, the staff was augmented by about two-dozen temporary-duty military flight surgeons, many of whom were also trained in other medical specialties. These physicians helped with pre-launch astronaut physicals, launch site and recovery medical and surgical support, and medical monitoring. As was customary during Mercury, for the first five Gemini missions, two flight surgeons were sent to every NASA worldwide land and ship tracking station, where they received the telemetered astronaut electrocardiograms, respiration traces, and blood pressure traces and reported the results by telephone or wire back to NASA Mission Control in Houston. I was a remote medical monitor in Hawaii on Gemini III and on the Atlantic Ocean tracking ship for Gemini VI.

As the Gemini program progressed and confidence in the ground communications improved, all data were sent in real time to Mission Control, obviating the need for remote medical monitors. However, all the biomedical data were still processed manually.

It became obvious to me and to others at NASA that NASA's existing data processing capability could also be applied to medical data. The development of automatic computer analysis and display of astronaut biomedical data became my area of specialization right through Apollo.

The first manned Gemini launch occurred in March of 1965. The program continued through November of 1966 with the broad objective of gaining operational proficiency in manned flight. The principal operational objectives of the ten two-man Gemini flights were to

perfect rendezvous, docking and extra-vehicular activity -- all critical to the Apollo lunar landing goal. Gemini IV, V, and VII flights were of particular biomedical interest. The concern over astronaut post-flight orthostatic hypotension observed on the final two Mercury flights, led to the decision to schedule the first long duration Gemini mission for four days. If all went well, an eight day mission would be flown and if successful, a 14 day mission would be undertaken. Fourteen days of medical data were considered essential before committing man to a lunar landing mission because no Apollo mission would exceed two weeks. Because of the concern for the astronaut's medical status on the Gemini missions, the requirements for medical data became more demanding on these progressively longer missions. Most of my non-mission time during this period in 1965 was spent working as a part of the multi-disciplinary team which was developing and refining techniques and methods for improving biomedical data management.

I stayed at NASA after my third year of residency ended in 1965. Because of my increasing involvement with the biomedical data, between missions I took a summer post-graduate course in bioinstrumentation. This virtually assured my long-term assignment to this area of responsibility. I became so involved that I acquired a sub-speciality designation in bioengineering. At the same time I continued my mission support activities. I was recovery surgeon for the Gemini VIII mission. I worked directly with the astronauts during their pre-mission training activities, participated in the prelaunch medical exam, then flew to the recovery aircraft carrier in the Atlantic in order to attend to the astronauts after landing. However, the Gemini VIII spacecraft developed severe problems after docking and was recovered in the Pacific.

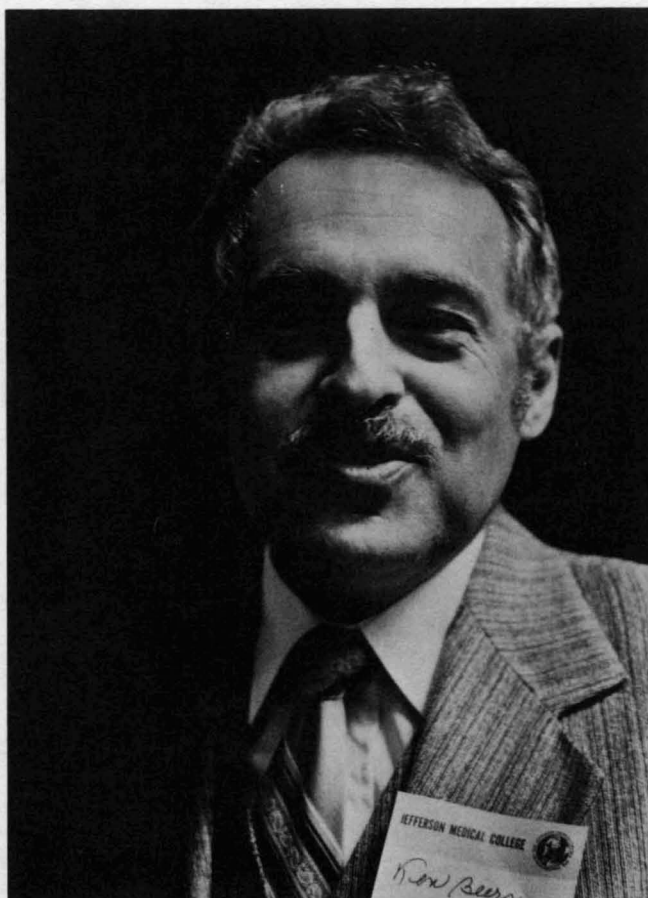
I did serve as recovery surgeon on both Gemini X and XII, the last Gemini mission. The postflight med-

ical evaluations consisted of a physical examination as well as a cardiovascular evaluation done on a tilt-table and monitored by instrumentation. The expected orthostatic hypotension was observed, but no astronaut experienced syncope. Blood, urine and bacterial culture specimens were also taken.

The results of the Gemini biomedical investigations included several significant findings in addition to confirming the presence of orthostatic intolerance postflight. A moderate, transient postflight decrease of exercise capacity and red cell mass was observed, a minimal loss of bone mineral and muscle nitrogen was seen and a relatively high metabolic cost of extra-vehicular activity was noted.

By the end of the Gemini program, the improved biomedical data system was not quite ready for the Apollo missions; however, due to the tragic fire in which three astronauts lost their lives, the program was delayed nine months which allowed time to catch up. At this time biomedical data requirements became my full-time responsibility. During the later Gemini missions, NASA had a medical Staff Support Room where astronaut data were analyzed and processed, then fed to the Mission Surgeon at the main medical console in Mission Control. During Apollo, our increasing capability to process biomedical data by computer eventually eliminated the Staff Support Room.

There were no inflight medical experiments in Apollo. Biomedical studies were limited mostly to the preflight and postflight stages except for inflight monitoring of telemetered data and voice communication from all three astronauts. In contrast to Apollo earth orbital missions, Apollo lunar missions provided continuous telemetry and communication coverage allowing full-time medical monitoring. By Apollo 11, the first lunar landing, we were able to read metabolic rates from astronauts as they walked on the moon and advise them when they were



"Most doctors deal with an ailing patient in a normal environment. During most of my career I dealt with healthy — some might sight 'super normal' individuals in alien environments." Dr. Beers

approaching the limits of their life support system.

Apollo biomedical findings indicated that the astronauts adapted well to and functioned efficiently in the space environment, including the 1/6 g lunar experience, for up to two weeks. Inflight medical problems, such as space motion sickness and an episode of cardiac arrhythmias occurred for the first time in the American space program.

Although ominous, these problems were not insurmountable and could be dealt with effectively, once their etiology was determined. A number of decremental biomedical changes were also observed. These were thought to be accommodative changes of the various body systems to the space environment, weightlessness in particular. Many of these changes are self-limiting in nature, such as decreased red cell mass, orthostatic intolerance and vestibular disturbances; others, such as reduced exercise tolerance, muscle mass loss and

bone demineralization, may require countermeasures on longer duration flights. Understanding the mechanisms responsible for the Apollo biomedical findings and devising suitable countermeasures where appropriate provided impetus for Skylab and will continue to do so for Shuttle-related spacelab investigations for years to come.

For all of the Apollo missions, I served as one of the Mission Surgeons in Mission Control, Houston. After the Apollo II recovery, I was a Crew Reception Area Medical Director in the Lunar Receiving Laboratory while the astronauts were in quarantine for 21 days. This complex and expensive facility was designed to hold the astronauts, their lunar samples, and anyone having direct contact with them in order to protect the earth from potential lunar organism back-contamination. That concept which was so important at the time is now all but forgotten. The day after the astro-

nauts left quarantine, I departed for Southeast Asia. I would not trade my experiences at NASA for anything. The sense of dedication, motivation and devotion to duty of the Gemini and Apollo support teams was unique in modern history.

My Southeast Asia Tour at Ubon Air Base, Thailand, brought me back to the realities of my primary Air Force job — support of the combat flyer. At Ubon, we flew round-the-clock air combat missions; our aircraft used the most sophisticated weaponry and advanced laser, electrooptical, forward-looking-infrared, and radar guidance and delivery systems. My one year Southeast Asia tour was an essential refresher course for my next assignment -- to Wright Patterson Air Force Base, Ohio, as Chief Aero Medical Advisor for the Air Force Life Support Systems Program Office where I spent the next eight years until retirement in 1978.

To many, life support means the resuscitation efforts necessary to get an accident or heart attack victim stabilized and transported to the hospital. In my business, life support means all those things necessary to allow the aircrewman to operate his aircraft effectively and safely and to sustain his health and well-being throughout the entire mission. Life support concerns cabin pressure, temperature, oxygen and

communications equipment. It extends to clothing, food, and rest and, on longer flights, recreation. In the event of mission abort which could result in a crash, life support means inflight escape systems, parachutes, seat and restraint systems, impact attenuation devices, ground egress systems and all the things related to survival before, during and after a crash.

Most doctors deal with an ailing patient in a normal environment. During most of my career I dealt with healthy — some might say “super-normal” individuals in alien environments. As a specialist in aerospace medicine, I was concerned with the often unique problems of healthy, physically-fit pilots and other aircrew members who routinely face the prospect of incapacitation, ranging from mild discomfort to permanent injury or death in the course of their regular duties. I did not have an office full of patients and I didn't make hospital rounds. With over 2000 hours of flying time, much of this in high performance jet aircraft, including 33 air combat missions in Southeast Asia, and with hardware development experience in addition to my traditional clinical training, I was cast in roles where I could forecast medical problems of flyers and recommend design changes in operational aircraft to permit safe flight

and prevent injuries.

The problems I dealt with were medical -- but the solutions were provided by engineers. My major contribution to this process was that of a catalyst for changes. One of the most important aspects of my early aerospace medicine training and my subsequent experience as a flight surgeon in the life support business was to know who was doing what and where to go when a problem developed (and sometimes, more importantly, where not to go) for information to help in reaching a solution. In my normal duties I have determined the suitability and safety of automatically inflatable life vests and life rafts, arctic overcoats that double as sleeping bags, fire resistant underwear and flight suits, and advanced concept ejection seats.

In the design stage of aircraft I evaluated the human factors involved in flying or riding in the aircraft. I also judged the appropriateness of the design of the life support systems and equipment. The problems I encountered ranged from crew work overload caused by complex cockpit designs to back fractures unexpectedly caused by the aircraft safety restraint system.

After 20 years as a flight surgeon, I retired from the Air Force in 1978 to accept a full-time faculty appointment in the Departments of Family Practice and Community Medicine

Immuno-stimulation in Glomerulonephritis

by James F. Burke, Jr., M.D. '66

Glomerulonephritis (GN) is still the main cause of end-stage renal failure requiring dialysis and/or transplantation. Since these treatment modalities are very costly and associated with significant morbidity and mortality, better initial therapy of GN to prevent severe renal failure is needed.

It is well established that perhaps 80% of all cases of GN are caused by the deposition of soluble antigen-antibody immune complexes in the glomerulus. The pathogenicity of

Dr. Burke is Clinical Associate Professor of Medicine at Jefferson.

at Wright State University School of Medicine at Dayton, Ohio. Just as one might have asked me in the 1960's, "What is a small town general practitioner like you doing on the cutting edge of aerospace technology?" — one can now logically ask, "What is a hardware-oriented aerospace biotechnologist doing teaching in the Family Practice Department of a new Ohio medical school committed to the education of primary care physicians?" In a sense, my career came full circle. I was certified in family practice and received my primary appointment in that department. At the same time, the new medical school began what is now the nation's only accredited civilian aerospace medicine residency in its Community Medicine Department. By accepting a joint appointment with this department, I could rejoin the world of clinical medicine and also retain my ties with aerospace medicine.

At Wright State University's graduation in June a new degree was awarded for the first time ever, a Master of Science in Aerospace Medicine to five aerospace medicine residents. Our program requires a Master's thesis. Our residents have explored important and often controversial issues: vestibular system function, sickle cell trait in aviation, cardiovascular assessment by impedance cardiography, circadian

rhythms versus fatigue, visual dark adaptation recovery time and auditory brain stem evoked response. Our program at Wright State provides only the first two years of the three year residency training. Two of our residents will serve their third practice experience year at NASA centers. One, a woman with surgical experience will be studying the development of surgical techniques for space stations. The other, with undergraduate research experience, will be investigating the role of prostaglandins in calcium and sodium metabolism during Space Shuttle missions. A third has been offered an opportunity by NASA to pursue his earlier vestibular system studies investigating space sickness in orbital flight. All three of these research areas address as yet unresolved issues of critical importance to our manned spaceflight efforts.

In my other current role as teacher of family medicine, I recognize the need to apply my preventive medicine background to teaching medical students and family practice residents this important concept: while it is necessary to care for the *ill*, it is also important to promote wellness by maintenance of health through the *prevention* of disease. I believe that family practice has a major role in this shift to an emphasis on prevention. The increasing evidence that risk factors for spe-

cific diseases can be altered by certain lifestyle changes reinforces this role of the primary care family physician in early screening for these risk factors, and in education, counselling, and motivation of patients to accept responsibility for maintaining healthy lifestyles. Preventive medicine is the wave of the future.

What is the future? The moon has been reached and the planets beckon. Outer space is boundless — but there is also inner space, within ourselves. How does the body function, and how the mind? What is intellect and what mechanisms unite the body and mind and keep them functioning harmoniously? How can we best adjust to the environment and adjust the environment to us? As we continue to unravel the mysteries of illness and death, we will increasingly come to the enlightened realization of this simple truth — that all too often, how we die is determined by the way we live. We must now direct our efforts to this alien inner space, into ourselves and our lifestyles, in order to achieve full measure of success in our quest for wellness and health.

If we look to the future proudly and confidently, we will witness the further unfolding of the wings of mankind — outward inter planetary space and inward into ourselves — toward goals that must not remain as dreams.

these complexes during slight antigen or antibody excess can be demonstrated in serum sickness animal models. In contrast, sustained high levels of antigen or antibody have been associated with minimal, if any, renal disease.

Theoretically, then, there are three ways to treat immune complex GN in humans. The first would be eradication of the antigen, and this would be a reasonable treatment modality when the antigen is known and treatable, as, for example, in the nephritis of subacute bacterial endocarditis. However, in most cases, the antigen is either unknown (as in

membranous or membrano-proliferative GN) or known but unable to be eradicated (as in lupus nephritis). Therefore, for the vast majority of primary Glomerulonephritides, suppression or stimulation of antibody response to known or unknown antigens is the only alternative.

Suppression of antibody formation is the primary reason for present day immunosuppressive therapy with corticosteroids and cytotoxic drugs in various types of GN. This therapy has not been shown to be terribly effective except perhaps in two situations. Lipoid nephrosis in

children does seem to respond, but it is of interest that this disorder does not seem to have a clear-cut immunologic etiology. There is no evidence of B-cell abnormalities and the evidence for T-cell dysfunction is weak at best. It is possible then that steroids are having some non-immunologic effect on the proteinuria. The other area of possible benefit is membranous GN. Although the studies are conflicting, it appears as though there may be some benefit in terms of reduction of proteinuria and lessening the incidence of renal failure with alternate day steroid therapy as early in

TABLE I
Functional and Histologic Profile of the Three Groups

	BSA Treated (Group I)	Non-specific Immunostimulation (Group II)	Specific Immunostimulation (Group III)
Proteinuria	25%	26%	9%
Serum Creatinine > 1.2 mg%	6%	30%	7%
Abnormality on light microscopy	31%	37%	5%
Immunofluorescence of loops	25%	33%	7%
Immunofluorescence of mesangium	0%	2%	15%
Antibody levels > 100 ugm nitrogen	47%	46%	81%
	(Avg. = 829)	(Avg. = 717)	(Avg. = 896)

the disease course as feasible. All other primary glomerular diseases, including membrano-proliferative disease, rapidly progressive GN,

focal GN, focal sclerosing GN and mesangio-proliferative GN among others, have not been shown to uniformly benefit from immunosup-

pressive therapy. When we balance this with the severe side effects associated with steroids (cosmetic disfigurement, G.I. bleeding, opportunistic infection, aseptic necrosis, etc.) and cytotoxic drugs (leucopenia, increased incidence of infection, liver disease, cystitis, etc.), it is easy to see why many physicians are reluctant to prescribe these drugs for glomerular disorders.

Alternatively, immunostimulation, to produce a high level of anti-body and facilitate insoluble non-pathogenic immune complex formation may be more beneficial and is certainly less toxic than immunosuppression. As the identity of the antigen in most glomerular disease is unknown, non-specific immunostimulation (as with *Bacillus Calmette Guerin* (BCG) in neoplasia) should theoretically be more therapeutically useful than specific immunostimulation (antigen in Freund's Adjuvant). In this communication, we report the results of specific and non-specific immunostimulation in Bovine Serum Albumin (BSA) induced nephritis in rabbits.

Methods

Immune Complex GN was induced by the method of Germuth. The rabbits were divided into three categories. Group I consisted of controls--five rabbits received normal saline intravenously (IV) daily and 16 rabbits received 25 mg of BSA IV daily. Group II rabbits received non-specific immunostimulation with BCG. The BCG was given either two weeks before, concurrent with, or two weeks after the start of 25 mg of BSA IV daily. Group III rabbits received specific immunostimulation with BSA and complete Freund's Adjuvant.

All experiments were carried out for 10-12 weeks. The animals were then sacrificed and the kidneys were examined by light and immunofluorescent microscopy. In addition, the animals had serial determinations of renal function and antigen-antibody levels.

"We are encouraged by the positive results with specific immunostimulation but it must be realized that non-specific immunostimulation is more clinically relevant since the antigen in most cases of GN is unknown." Dr. Burke.



The results can be seen in the accompanying table. We were able to reproduce previous results in that 25-30% of animals developed chronic nephritis after daily IV administration of BSA. It can also be seen that non-specific immunostimulation with BCG was not effective. Although these results are not very encouraging, it could be that species difference was partially responsible since most of the work with BCG has been done in rats.

The results with specific immunostimulation are more encouraging. Only 5% of animals developed chronic nephritis by light microscopy whereas 30% would be expected as mentioned above. Also of significance is that 15% of animals with normal or trivial histologic changes in the kidneys had positive immunofluorescence in the mesangial areas of the kidney. This would be expected if antibody levels could be increased and larger immune complexes formed that are filtered out by the liver, spleen and mesangial areas of the kidney and thus not able to reach the glomerular basement membrane and cause damage. This, in fact, is one of the major theories offered to explain the potential benefits of immunostimulation in immune complex GN. The fact that antibody levels were elevated in 81% of Group III as compared to 47% and 46% of Group I and II respectively lends further credence to this theory (Table I).

We are encouraged by the positive results with specific immunostimulation but it must be realized that non-specific immunostimulation is more clinically relevant since the antigen in most cases of GN is unknown. It is unfortunate that BCG was not effective, but this probably is related to the species of animal used (rabbit) and should not discourage further trials with non-specific immunostimulants. To this end, we would suggest that further trials using T- and B-cell stimulants be undertaken to assess whether non-specific immunostimulation has a role in the treatment of immune complex GN.

A Psychoanalytic Investigation of Childhood Parent Loss: Application to Prevention

by Henry A. Seidenberg, M.D. '46

One of the activities of the Institute for Psychoanalysis of Chicago has been an investigation of the effects of the loss of a parent in childhood on the psychological development of the child. The Parent Loss Project at the Institute deals with the findings of the investigation and their application to treatment and prevention.

This investigation started with a clinical hunch 25 years ago when a faculty member was supervising the psychoanalyses being done by several student analysts, all experienced Board eligible or certified psychiatrists. The faculty member was Dr. Joan Fleming, then the Dean of the Chicago Institute. Dr. Fleming and her student colleagues noticed that the psychoanalyses of their patients were not following the usual pattern that unfolds in a psychoanalytic treatment. The patients resisted the recognition of the psychoanalyst in both his therapeutic role in current reality and as a psychological imago toward whom the usual patient would attribute parental attitudes. Dr. Fleming's hunch was based on her observation that in each of these cases one or both parents had died during the patient's childhood.

To explain this obstacle to the usual unfolding of the psychoanalytic therapeutic process these

patients were closely observed for several years. Consideration of the observations led to the formulation of two hypotheses which stimulated further investigation.

In gathering the data, the psychoanalyst's detailed hour by hour reports to the supervising psychoanalyst, of his observations and interactions with the patient, were taped, transcribed and then examined. The principal investigator did not discuss her hunch with the student analysts until she had been observing the data for approximately two years. After the formulation of the hypotheses, the students became part of the investigating group.

Case 1 involved a 29 year old professional woman whose parents were killed by the Nazis when she was 16, although she had escaped from Germany a year earlier. She asked for treatment because of depression and anxiety. Though she was almost 30, she behaved like a rebellious adolescent. When she learned of the death of her parents, she felt guilty because of her inability to mourn openly. She was very slow to have feelings about her psychoanalyst. Almost two years passed before she could consistently experience and report feelings for him. This is much longer than in usual analysis. As the psychoanalyst became significant to her emotional life, she began for the first time to

Dr. Seidenberg is Dean of the Institute of Psychoanalysis of Chicago.

experience grief with separations. In her treatment, two major tasks could now be engaged and explored. They were the delayed mourning for her parents and the delayed resolution of the normal conflicts of adolescence. It was assumed that the clinical picture of a strong resistance to feelings for the psychoanalyst was motivated by a desire not to form another parental relationship lest she lose this new parent — the psychoanalyst — and reawaken the hidden feelings of intense pain and anxiety over the first parental loss. Thus, she protected herself by denying the reality of her relationship with her substitute parent-psychoanalyst and by denying the reality of her parent loss with its accompanying grief and mourning. To maintain this denial, she behaved in her current social relationships as though she were a young adolescent prior to parental death. In the sphere of her life dealing with social intimacy the developmental clock had stopped.

After following similar patients in psychoanalytic treatment for several years, two hypotheses were suggested.

- I. In *some* individuals adaption to the death of a parent in childhood results in an arrested development in ego-object relationships at a level achieved when the loss occurred. (Note that these hypotheses do not apply to all people who lose parents in childhood.)
- II In *some* individuals adaption to the loss of a parent in childhood is associated with failure to complete the work of mourning.

After these cases had been watched for several years, the Parent Loss Research Group was formed to investigate this special population. The Research Group consisted of seven to nine analysts, who gathered data and met for three hours, twice monthly, for ten years. They were all associated with the Chicago Institute of Psychoanalysis, an organization of psychoanalytic practitioners, teachers and scholars working in an atmosphere of learning exchange.

In the investigation we tried to answer questions such as:

(1) Was there an immaturity in personality development? Was it a fixation, or a regression? (2) What is the level of development presented by the adult patient? The Parent Loss Research Group, in papers presented at scientific meetings and in professional journals, contributed thoughts and suggestions regarding the specific functions of the parent in the development of the child's mind, a child's responses to parental death and how to facilitate the mourning process and aid in bereavement.

As the Group made known its impressions and findings concerning incomplete mourning and interrupted personality growth, we were called on from time to time to help apply these findings to treatment and prevention.

The following is a recent clinical example of the use of these findings to help a three-and-a-half year old bereaved child continue her mourning process so that the risk of her forming a predisposition to emotional illness be diminished. Six months ago, a colleague phoned from another city asking if I would discuss a patient at the Grand Rounds of a hospital where he is in charge of the Department of Child Psychiatry. For the previous six months, he had been treating a three-and-a-half year old girl whose mother had died suddenly and mysteriously, probably by suicide. Since my colleague, a graduate of the Chicago Institute for Psychoanalysis, had followed our reports, he knew our work well. (He has generously consented to my using his pre-publication data without using his name for the sake of maintaining his patient's privacy.)

The data we examined on the day prior to the Rounds were the video tapes and transcripts of the early sessions with his patient. In the first session we see an intelligent child who is friendly, cooperative and communicative as she plays and talks with her doctor. The lengthy police investigation directly involv-

ing her had vividly reinforced for her the idea of her mother's death. However, she does not answer my colleague's questions about the day of her mother's death, though she does play the game of children being awakened by noises and monsters coming into the house. (She was alone with mother at home at the time of death.) The child tells her physician, using the present tense, that mom and dad teach her to draw. In the session her doctor questions her as to how mother could do this since she was dead. My colleague thus helps the child recognize and reinforce the reality of loss which is the aim of the mourning process. The girl does not answer and when asked again says, "I fooled you." The psychiatrist mentions the sad look on her face when she talks about mother. She answers with a Bronx razz. After my colleague and I examined the first videotaped session, we had the distinct impression that though his patient knew clearly that her mother was dead and that she knew that the doctor knew it, that either she was unconsciously denying it or was unwilling to discuss it.

The second televised session illustrates the seeds of the patient's predisposition to later adult suicide, which the doctor skillfully treats as they emerge. Parts of the session follow:

Doctor: Who else asks you questions?

Child: Mom and dad . . . mom and dad (in a sing song, over and over)

Child: This is my mommy's room. (She puts furniture into the doll house)

Doctor: You don't want me to talk about mommy because it makes you sad to remember that momma isn't alive . . . (the child ignores the doctor)

Doctor: (continuing) . . . and when I talk about momma you can't pretend that momma is still alive.

Child: (in a plaintive voice) I want her to stay alive. When I go up there, I'm going to miss you.

Doctor: Go up where?

Child: Up there to heaven with my mom. I'm going to stay up there with my mom and dad. I really am.

Doctor: You won't be going up there to heaven for a long time yet; not until you're an old lady.

Child: Not until I get rid of myself.

Doctor: Oh! Your daddy and I wouldn't want you to get rid of yourself. We want you to stay right here with us. Anyway, you don't have to get rid of yourself to remember mommy. You can remember her right there in your head.

Child: (plays with toys)

Doctor: Do you have thoughts of getting rid of yourself?

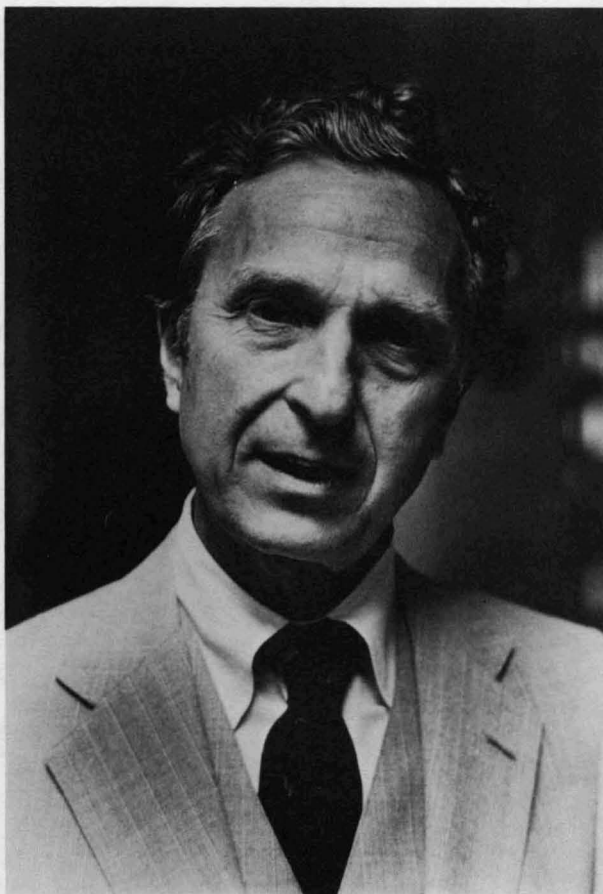
Child: They're mom's thoughts.

Doctor: When did mom tell you those?

Child: Just now.

Doctor: I didn't hear them.

Child: (stomps around the playroom singing)



"My colleague was successful in helping the patient with the work of mourning and diminishing the diathesis for depression and suicide in adulthood." Dr. Seidenberg

My colleague informs me that during treatment over the following six months the patient speaks of her mother only in the past tense, expresses a great deal of anger, but is gradually able to give up any indication that she believes that her mother is still alive. He has succeeded in helping her with the work of mourning and diminishing the diathesis for depression and suicide in adulthood. The literature now has good documentation of clinical examples of adults committing suicide or falling into depression or psychosis when they reach the age at which their parent died.

This moving and touching vignette provides us with an example supporting the observations of the Chicago Institute Parent Loss Group that the effects of early loss

may become organized rather fixedly in a child's psyche. Incomplete mourning may form a predisposition for disturbed relationships, emotional illness and suicide. My colleague's patient was fortunate in having a physician who recognized the danger of incomplete mourning and decompressed the resultant tensions.

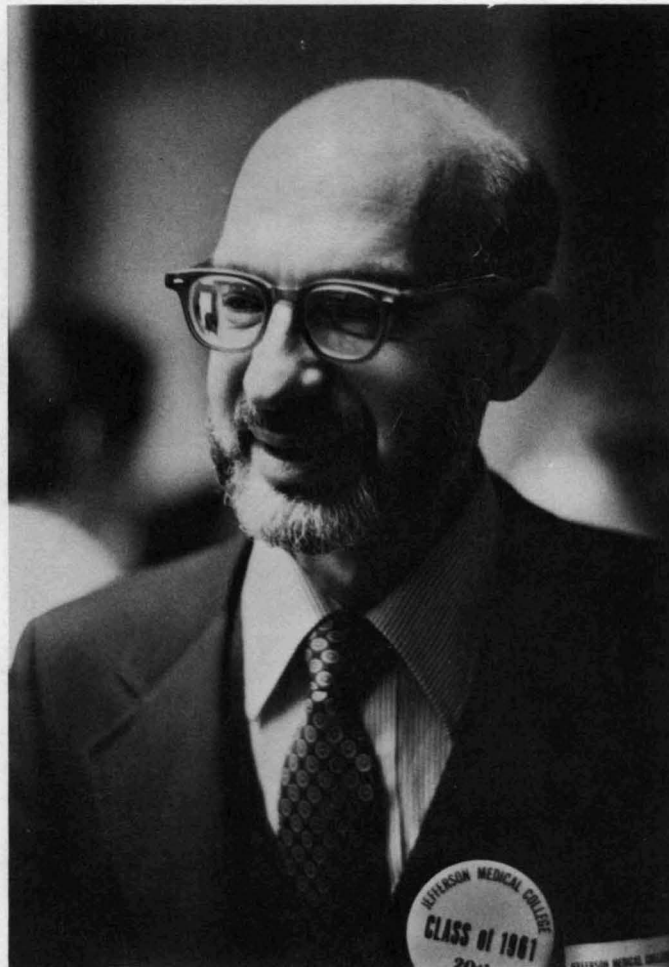
Such clinical experiences and findings have been put to work in Chicago by the Institute for Psychoanalysis. It has organized the Barr-Harris Center for the Study of Separation and Loss in Childhood. It aims to prevent, if possible, and then to treat emotional illness deriving from parent loss. It offers the community a facility to which the surviving parent may bring a child for evaluation so that a disposition

and recommendation may be made ranging from no intervention to intensive treatment for both child and other survivors. It suggests methods for aiding the processes of bereavement, grief and mourning. For instance, the Center advises surviving parents to be candid, to have the child participate as much as possible in all the ceremonies surrounding the death, to be open and sharing with the grief. This is for the purpose of making the event of the death concrete.

Also, the Center, provides consultation services to agencies and schools about the therapeutic management of the bereaved child. Finally, it provides educational service to lay and professional organizations involved in the problems of childhood parent loss.

Carcinoma of the Lung: A Perspective

by Elliott Perlin, M.D. '61



"The prognosis for patients with carcinoma of the lung does not appear to be as gloomy at the beginning of the 80's as it was at the beginning of the 70's."
Dr. Perlin

TABLE 1

Recent Advances Toward The Control of Lung Cancer

1. Improved clinical and pathological classification and staging of disease.
2. Use of biomarkers to monitor tumor burden.
3. Development of immunotherapeutic strategies.
4. Improved therapy of small cell ("oat cell") carcinoma of the lung.

Dr. Perlin, Captain USN MC, is Senior Consultant and Chief of Branch, Hematology/Oncology, National Naval Medical Center in Bethesda.

TABLE 2

TNM System in Lung Cancer

Tumor

- T₁ - A tumor 3.0cms or less in diameter without invasion
 T₂ - A tumor greater than 3.0cms in diameter or one that invades the visceral pleura
 T₃ - A tumor that invades the chest wall, diaphragm or mediastinum

Nodes

- N₀ - No nodes involved
 N₁ - Metastases to the peribronchial or hilar lymph nodes
 N₂ - Metastases to nodes in the mediastinum

Metastases

- MO - No distant metastases
 M1 - Metastases

Carcinoma of the lung remains a major health problem. One hundred thousand cases will occur this year; 90% of those afflicted will die. In addition, the disease has become more frequent in women. Despite the fact that there has been no major impact on survival as yet, a number of important advances have been made toward the control of this disease. The choice of material for this paper will be somewhat prejudiced by our own particular interests at the National Naval Medical Center, but I believe it will represent a fair survey of the major clinical advances. The topics I will discuss are outlined in Table 1.

I would like to first discuss the improvement in the classification and staging of lung cancer by Carr and Mountain. Their classification is outlined in Table 2 and the staging according to the TNM system is given in Table 3. This classification has proved to be extremely valuable in predicting prognosis after surgical therapy or radiotherapy of epidermoid carcinoma, adenocarcinoma and large cell carcinomas, three of the major tissue types outlined by the World Health Organization in Table 4. With regard to oat cell carcinoma the TNM classification has not been useful; here simple

division into limited and extensive disease has had prognostic significance when studying the effects of chemotherapy on this disease. When comparing the results of treatment of non-oat cell carcinoma with chemotherapy, this simple classification may also be more appropriate for our purposes.

Next, I would like to discuss the use of biomarkers as flags for the presence of lung cancer. Assessment of tumor burden is necessary if one is to rationally assess the effectiveness of therapy. Carcinoembryonic antigen (CEA) was discovered by Gold and Freeman in 1965. It is a glycoprotein with Beta globulin mobility and a 200,000 molecular weight. Although it was originally found to be secreted in excessive quantities by tumors of the gastrointestinal tract, it is now known to be associated with a large number of malignant tumors including cancer of the lung. In our hands it has been very useful for following the response to chemotherapy. Another biomarker that we have found helpful is the serum copper level, frequently found to be elevated not only in cancer of the lung but in other tumors as well; we have also used this marker to follow the course of disease.

The relationship between thrombosis and malignancy has been an interest of ours for several years. We have been attempting to identify a coagulogram predictive of thrombotic potential in the cancer patient. To this end we have looked at several common tests of coagulation and have found that patients with active cancer of the lung, like patients with other forms of cancer (e.g., gastrointestinal cancer), may have a shortened partial thromboplastin time, an increase in factor VIII antigen, enhanced factor VIII coagulant activity, and an elevated fibrinogen. We are interested in determining if these and other coagulation factors can also be used to monitor disease activity.

Another area of intense interest in recent years is lung tumor immunology and immunotherapy. It appears clear from animal systems and in man that a fully competent immune system can provide an important deterrent to the growth of tumor cells. Using the mixed lymphocyte culture test and other assays, we have shown that maintenance of T-cell function carries a better prognosis in early stage lung cancer. Following in the footsteps of McKneally, et. al., who showed that intrapleural BCG after surgical resection resulted in a longer disease free interval and survival in non-oat cell carcinoma of the lung, we embarked on a related study using intradermal BCG and allogeneic tumor cells. We showed that disease-free interval was prolonged in stage I cancer of the lung by intradermal BCG; allogeneic tumor cells had no effect. In addition, no benefit was seen in stage III lung cancer. Thus far, no impact on survival has been observed. These preliminary results from the work of McKneally and others have been encouraging. An ongoing randomized double-blind controlled trial by the Lung Cancer Study Group is attempting to confirm the value of intrathoracic BCG therapy in patients with stage I squamous cell carcinoma, adenocarcinoma, or large cell lung cancer.

TABLE 3
Stages of Carcinoma of The Lung

Stage I
T₁N₀M₀
T₂N₀M₀
T₁N₁M₀
State II
T₂N₁M₀
Stage III
T₃N_xM₀
T_xN₂M₀
T_xN_xM₁

TABLE 4
*World Health Organization
Classification of Malignant
Lung Tumors*

1. Epidermoid
2. Small-cell anaplastic carcinomas
3. Adenocarcinomas
4. Large cell carcinomas
5. Combined varieties
6. "Mixed" tumors and carcinosarcomas

Finally, I would like to review perhaps the most encouraging advancement in lung cancer research in recent years. I refer to the improvement in chemotherapy of oat cell carcinoma of the lung. This disease is more aggressive and actually has a worse prognosis than non-oat cell lung cancer but it also responds better to chemotherapy; hence up to 50% of these patients are entering complete remission from the disease. Factors favoring a good prognosis for complete response are early, intensive therapy; use of at least three active drugs in full dosage; and limited disease (i.e., confined to the thorax). Five to ten percent of the completely responding patients may be cured, and a registry of these patients is starting to accumulate. In addition, oat cell carcinoma of the lung provides an excellent model for further investigation of the use of biological response modifiers (immunotherapy). Monoclonal antibodies to the antigens of oat cell carcinoma have been prepared and have potential for diagnostic and therapeutic use. In preliminary studies, the addition of thymosin to intensive chemotherapy has been shown to prolong survival in patients with small cell carcinoma of the lung. Finally, trials using interferon are now being initiated (Oldham, R.K., personal communication).

The prognosis for patients with carcinoma of the lung does not appear to be as gloomy at the beginning of the 80's as it was at the beginning of the 70's. There is hope that better description of disease extent will permit a more rational selection of therapy, that the finding of tumor-specific biomarkers will enable more accurate monitoring of disease activity, and that the role of the immune system in defense against lung cancer will be more clearly defined. Finally, there is hope that multimodality approaches to treatment, including highly effective chemotherapy and possibly immunotherapy will be available.

The Old and the New in Gallbladder and Biliary Tract Disease: A Look in Both Directions

by J. Edward Berk, M.D. '36

Advances in knowledge of bile chemistry and the development of new diagnostic and therapeutic modalities have appreciably influenced the clinical approach to disorders of the gallbladder and biliary

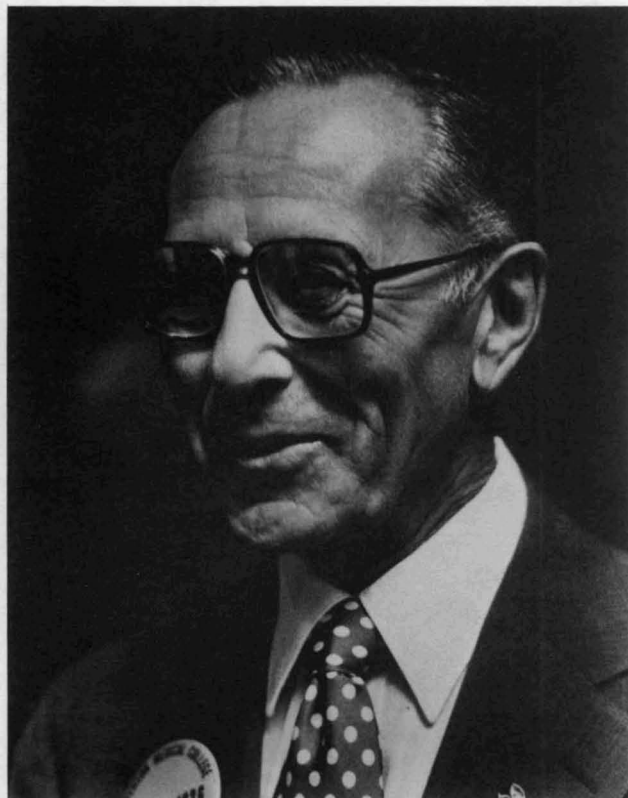
tract. It is with these and with some persisting misconceptions that this presentation is concerned.

Diagnosis

The set of features enumerated in the familiar aphorism, "*female, fair, fat, forty and flatulent*," and the symptoms considered to constitute "*fatty indigestion*", continue to be viewed as characteristic of gallblad-

Dr. Berk is Chairman of the Division of Gastroenterology at the University of California at Irvine.

"Advances in knowledge of bile chemistry and the development of new diagnostic and therapeutic modalities have appreciably influenced the clinical approach to disorders of the gallbladder and biliary tract." Dr. Berk



der disease. It should be strongly emphasized, therefore, that these supposed characteristics are by no means pathognomonic of gallbladder disease. They are seen as well in a host of other conditions, many of which may coexist with disease of the gallbladder.

Biliary colic, an important subjective expression of biliary tract disease, is a misnomer. In contrast to true colic, pain classified as "biliary colic" may vary in intensity but does not completely disappear. Also contrary to popular opinion, biliary colic originates most often in the epigastrium; focalization in the right upper quadrant occurs ordinarily when the process extends to involve structures with parietal nerve innervation.

Biliary colic, chills and fever, and *jaundice* comprise a classical triad whose concomitant occurrence points strongly to choledocholithiasis, probably associated with cholangitis. Not sufficiently appreciated, however, is the fact that any one, any two, and even all three of these phenomena may be lacking and yet ductal stones be present.

Diagnostic duodenal biliary drainage, an old-time procedure, still has value as an accessory study in occasional cases in which diagnosis is doubtful, or when other studies are precluded or noncontributory. The entire procedure may be completed in as little as 20 minutes when gallbladder contraction is induced by the use of purified cholecystokinin or the synthetic C-terminal octapeptide of this hormone (sinchalcide, "Kinevac").

Introduction of the Chiba (skinny) needle has made *percutaneous transhepatic cholangiography* both easier and safer. The procedure is particularly suitable when the intrahepatic bile ducts are dilated.

Visualization of the gallbladder and biliary tract by radionuclide imaging has been sharpened and improved by the development of ^{99m}Tc -labeled iminodiacetic acid compounds ("HIDA," "PIPIDA"). *Biliary scintigraphy* with these com-

pounds is especially valuable in the diagnosis of acute cholecystitis.

Real time ultrasonography is a non-invasive procedure that produces high resolution images of the gallbladder and bile ducts. Thorough examination of these structures may be made within approximately five minutes using this method of study. Still more recently, an ultrasonographic device has been incorporated into the fiberoptic endoscope. By reducing target distance, even sharper images are obtained with this innovation.

Although resolution with *computerized tomography* (CT) is generally better than with ultrasonography, CT on the whole is not superior to ultrasonography in the delineation of the gallbladder and biliary tree. Moreover, CT scanning is more costly and exposes the patient to radiation.

Endoscopic retrograde cholangiography (ERC) is of particular value in jaundiced patients without demonstrable dilatation of the intrahepatic bile ducts. It also makes it possible to obtain bile for cytology, culture and CEA determination. ERC may not be successfully accomplished when there is complete obstruction at the distal end of the common bile duct. Entry into the duct may be made possible in such cases, however, by creating a small choledochoduodenal fistula with a diathermic cutter passed through the biopsy channel of the endoscope.

Introduction of a small-diameter, flexible, fiberoptic *choledochoscope* into the biliary tree through the sinus tract that remains after removal of a previously indwelling T-tube allows for direct inspection of the major portion of the biliary tree and identification of lesions within the duct.

Treatment

Continuous administration of chenodeoxycholic acid for a year or more to patients with cholesterol stones in the gallbladder results in the major-

ity of cases in marked diminution or complete disappearance of the stones. Ursodeoxycholic acid is also effective and produces less diarrhea. The feasibility and hazards of *medical dissolution* of gallstones with these agents, however, are still under study.

Residual calculi in the common bile duct may be *mechanically removed* with the use of a steerable catheter and a Dormia basket introduced through the sinus tract formed by an indwelling T-tube. Stones may also be extracted by a flexible choledochoscope similarly introduced.

Sphincterotomy ("papillotomy") performed through a fiberoptic endoscope is being increasingly used as a non-surgical means of (1) overcoming choledochal sphincter stenosis; (2) providing drainage in cases of distal ductal obstruction; and (3) allowing ductal calculi to pass spontaneously.

Calculi that still remain in the common bile duct some two weeks after endoscopic sphincterotomy may be mechanically removed by means of the Dormia basket inserted through the endoscope. It has recently been suggested that stones that are too large to be removed may be broken into fragments that may then be extracted or pass spontaneously. This is accomplished by steep hydraulic pressure waves induced by sparking a 30% solution of glucose instilled into the duct.

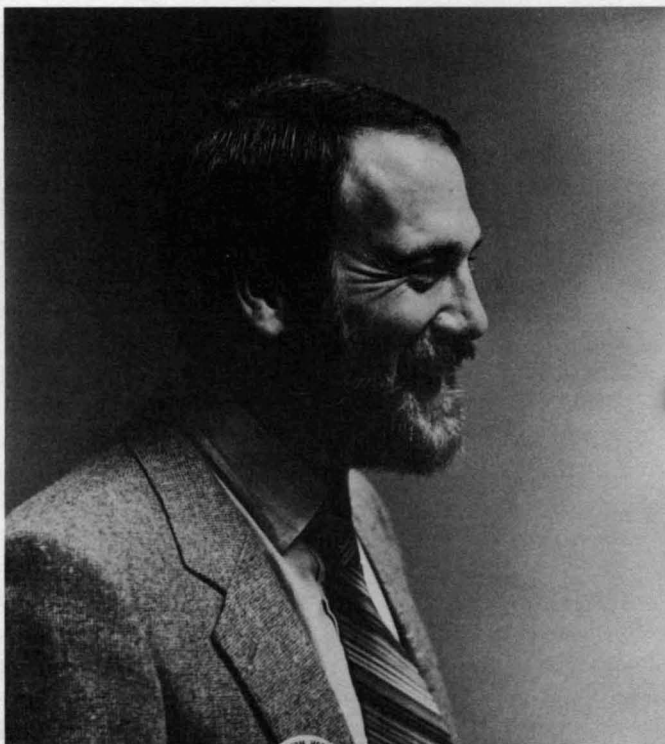
Non-surgical decompression of obstructed bile ducts may be achieved by inserting a catheter percutaneously and transhepatically to a point above and/or below the site of the obstruction. In poor risk patients with a fibrous stricture or narrowing produced by a tumor, more permanent drainage may be provided by insertion of a prosthesis into the area of narrowing. Drainage may also be effected in patients in whom ERC has been done by allowing the exploring catheter to remain within the duct and its proximal end to extrude from the mouth or nose.

Sports Pathology

Forensic Aspects, Southern California Style

by Howard S. Robin, M.D. '71

"The forensic pathologist must utilize medical and legal determinants in his evaluation, including autopsy findings, immediate circumstances of death, mental intent and a psychological profile." Dr. Robin



San Diego with its perpetually clear skies, mild weather and unique geographic location has some unusual sporting activities. The ocean with adjacent steep cliffs, inland mountains with beautiful vistas, and secluded beaches lend themselves to jogging, surfing, scuba diving, cliff climbing, nude bathing and hang gliding.

The Torrey Pines glider port, located adjacent to the Scripps Clinic, Salk Institute, University of California San Diego and Scripps Institute of Oceanography, is an exceptionally attractive site for these activities. In recent years, hang gliding has become increasingly popular, and enthusiasts from around the world go to La Jolla to engage in the sport. Unlike other sports, hang gliding requires skill and knowledge on the part of the participant to deter the risks of serious physical danger and death.

An exhilarating sport, hang gliding began in Southern California ten years ago. The first enthusiasts were surfers who left the beaches for the cliffs to "surf" the skies in makeshift gliders. Today there are over 25,000 hang glider pilots in the United States, and as the number of participants continues to increase; so does the number of non-fatal and fatal accidents.

Since 1971, the San Diego County Coroner's Office has investigated 12 hang gliding deaths. Field investigators interviewed witnesses, studied the damaged crafts, observed the terrain and noted the prevailing weather conditions. Complete autopsy and toxicologic studies were performed on all victims.

The forensic pathologist answers the question, "Why and what can be done to prevent needless accidental deaths?" The prevention of injuries may be accomplished by investigating those deaths which have a high probability of revealing a potentially remediable cause.

Dr. Robin, an Assistant Professor of Pathology, University of California at San Diego, is Medical Examiner for the county of San Diego.

The forensic pathologist must utilize medical and legal determinants in his evaluation, including autopsy findings, immediate circumstances of death, mental intent and psychological profile of the decedent.

All of the victims were tested for blood alcohol and the presence of drugs in the urine. In all cases toxicologic studies were negative.

The average age of the 12 male victims of hang glider accidents was 37 years, and the ages ranged from 21 to 65 years. Eight were pronounced dead at the scene, and four died one to three days after reaching a medical center. All of the victims suffered extensive craniocerebral injuries and some sustained massive chest, abdominal and extremity trauma. Head injury was the primary cause of death even though all of the pilots had been wearing helmets.

Seven of the 12 pilots were inexperienced, whereas five were considered expert hang glider pilots. The accomplished enthusiast frequently goes beyond his limitations and fails to appreciate the hazards which may confront him. Hang gliding is therefore one sport where experience leads to greater risk taking and thus higher mortality rates.

Most accidents are caused by errors in judgement. The errors may occur before, during or at the end of the flight. The commonest errors include failure to adequately check the glider prior to flight, acrobatic stunts, unauthorized kite modifications, not being familiar with the flying site and "soaring" when weather conditions are marginal or unsafe for flight.

The majority of accidental deaths occurred in flight, unlike air plane accidents in which most errors occur during takeoff or landing. Four of the six in flight accidents were the direct result of stalling the craft. The stall is the most serious of all pilot errors and is a problem for both the experienced and inexperienced enthusiast. There is a basic instability of the glider craft which makes it difficult to recover from a stall.

Other causes of in flight crashes in our series included an inexperienced pilot who attempted an acrobatic stunt and another inexperienced enthusiast who misjudged the strong winds at the Torrey Pines glider port and spiralled 150 feet into the cliffs below.

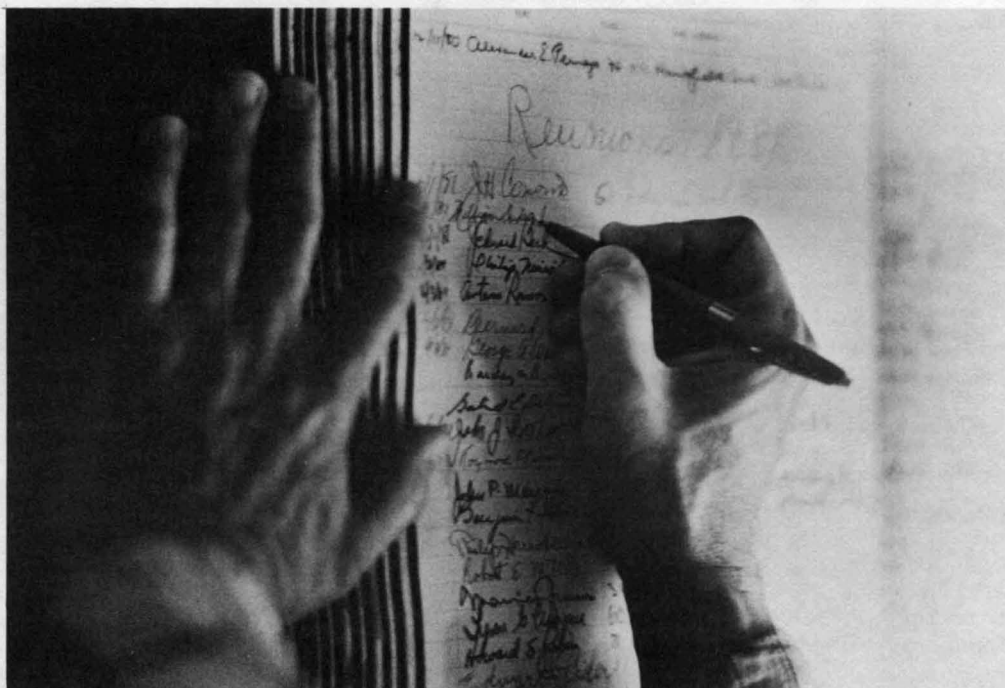
Four of the deaths resulted from errors in preflight judgement and mechanical errors accounted for

three of these fatalities. The errors included failure to secure a safety ring to the steering cable, improper propellor installation and a malfunctioning wing strut. Another error in preflight judgement is failure to appreciate strong winds, and this was responsible for the death of an inexperienced young man who was killed on takeoff.

Two experienced pilots crashed while attempting to land their crafts. A fatal error was committed when one of the pilots attempted a downwind landing which increased his absolute ground speed, causing him to crash. The other pilot was caught in turbulent winds and crashed into the side of the cliff.

Occasionally pilots are preoccupied with the scenery and fail to remember landing sites or avoid obstacles. How frequently this occurred in our series is difficult to determine.

Today's hang gliding enthusiasts have become well versed in micrometeorology, aeronautics and the glider crafts they pilot. As knowledge accumulates regarding accidents, this information should be used to develop safety equipment and education programs for the hang glider pilots.



class notes

1920

Cesar Dominguez-Conde, P.O. Box 699, Humacao, Puerto Rico, is doing administrative work at the Hospital there.

Salvador Reyes presently is living at the Hotel Bolivar in San Pedro Sulo, Honduras. He writes that the political situation in Leon, Nicaragua, where he practiced medicine throughout his professional career, is impossible. "We don't have liberty for anything."

M. Henry Speck, 26 Market St., Youngstown, Oh., established at Jefferson in 1976 the Julius C. and M. Henry Speck Scholarship Fund to aid medical students of good academic standing who require financial assistance. Dr. Julius Speck, a member of the class of 1919, died in 1957. Because of his strong convictions regarding the support of schools which trained him and his brothers, Dr. Speck recently established scholarship funds at both Northeastern Ohio University College of Medicine and Ohio State University.

1925

Jesse D. Stark, 965 Fifth Ave., New York, is Director of Radiology at Prospect Hospital in the Bronx. Dr. Stark has an active practice.

1926

Mrs. Edythe Clair Kahan, Cedarbrook Apts., Wyncote, Pa., wife of the late Dr. Phillip S. Clair, writes that she has a grandson, David, who has just completed his freshman year at Jefferson. The student is the son of **Henry S. Clair**, '58 and the nephew of **Gerald F. Clair**, '56.

1931

Joseph L. Farace, 4th and Pennsylvania Aves., Bangor, Pa., was honored at a dinner by the Northampton County Medical Society for his 50 years of service to the profession as a general practitioner.

Leo Kahn, 724 N.E. 4th St., Apt. 6, Hallandale, Fl., writes that his son, **Charles B. Kahn '63**, who is a Diplomate of both the American Board of Internal Medicine and the Subspecialty Board of Rheumatology, is President-elect of the Florida State Rheumatology Society.

Harry F. Suter, 49 W. Main St., Penns Grove, N.J. writes, "working half time in the office and overtime everywhere else!"

Anthony S. Tornay, 2038 Locust St., Philadelphia, found film of the class fifth reunion which he showed during 50th reunion activities in June. Dr. Tornay's son, **Dr. Tornay, Jr., '69**, is practicing gastroenterology in Palm Springs, California, and his daughter is living in Southampton, Pennsylvania. The Tornays are proud grandparents of six.

1932

Charles W. Bair who has been a general practitioner in Quarryville, Pennsylvania, for 48 years was honored by the community at a reception and banquet in early March. In addition to his practice, Dr. Bair is Medical Director of the Quarryville Presbyterian Home.

1933

N. Van Sant Myers, 480 Navesink River Rd., Red Bank, N.J., writes "Ice boating on the Navesink is great in December and January." Dr. Myers cancelled a freighter trip in February because his

wife, Kay, broke her hip. "She's up and about and doing okay with a walker."

Howard R. Patton, 550 Leeward Ave., Beach Haven, N.J. retired in 1977 to Long Beach Island.

John J. Schaub, 159 Mt. Tam Court, Martinez, Ca., retired from family practice in Pittsburgh in 1967. He is an Emeritus member of the medical staff at St. Francis General Hospital. Dr. Schaub moved to the San Francisco Bay Area in 1979.

E. Trowbridge Wolf, 4411 Fannin St., Houston, is Associate Professor of Internal Medicine at Baylor College of Medicine there. Dr. Wolf is also Editor of the Houston Society of Internal Medicine monthly publication, *News Notes*, and Society Historian.

1935

Merwin R. Chappel, 2103 Crestwood St., San Pedro, Ca., is still working part time but plans to retire in January 1982. In December 1979 Dr. and Mrs. Chappel visited Mainland China. They traveled in Egypt in December 1980, taking a boat trip up the Nile to the Aswan Dam. Dr. Chappel has several hundred African Violets in his garden room, and he hybridized most of them himself.

1937

Maurice Abramson, 2322 E. Norris St., Philadelphia, is still enjoying an active practice.

Bernard B. Zamostien, 139 Colwyn La., Bala Cynwyd, Pa., was elected President of the Pennsylvania Medical Care Foundation which was organized to serve as a

research and development arm of the Pennsylvania Medical Society.

1938

Charles J. Dougherty, 756 Cajon St., Redlands, Ca., has retired from active practice.

Norman W. Henry, 221 91st St., Stone Harbor, N.J., has been named Honorary Assistant Professor of Pathology at Jefferson.

G. Vernon Judson, 100 Kingston Ave., Barrington, N.J., was honored at a dinner recently given by the Barrington Historical Society. Dr. Judson, whose practice in general medicine has been located in the Barrington area since 1939, was cited for his devotion and service to his community. He is a Charter Fellow and Diplomate of the American Academy of Family Physicians and was recertified in 1978. Dr. Judson entered practice with **Arthur S. McCallum '22**. Dr. Judson and his wife, Catherine, have two sons and five grandchildren. One son is **James N. Judson '66**, Chief of Orthopaedic Surgery at Burdette Tomlin Hospital in Cape May Court House and G. Thomas Judson, who is with Control Data Corporation in Minneapolis.

Constantine R. Roscoe, 7226 Castor Ave., Philadelphia, has been named Honorary Clinical Assistant Professor of Pediatrics at Jefferson.

W. James Shoenthal, 73 Kiltie Dr., New Hope, Pa., has retired from general practice. Dr. Shoenthal plans to spend time hunting, fishing, traveling, working in his garden and making occasional house calls to some of his long time patients.

1939

George Evashwick, 204 Roswell Ave., Long Beach, Ca., has been invested in the Military and Hospitaller Order of St. Lazarus of Jerusalem in Quebec. The impressive ceremony was performed in the Anglican Cathedral.

1940

James R. Herron, 22 E. Narberth Ter., Collingswood, N.J., has been named Honorary Clinical Associate Professor of Obstetrics and Gynecology at Jefferson.

1942

Thomas E. Bowman, Jr., 2820 Arcona Rd., Mechanicsburg, Pa., has closed his office for the practice of surgery. Dr. Bowman works part time giving exami-

nations at the Harrisburg Veterans Administration Out Patient Clinic.

Raymond E. Deily, 942 7th Ave., Bethlehem, Pa., has retired as Medical Director of the Bethlehem Steel Plant. Dr. Deily, who joined the Corporation in 1963, was promoted to the position in 1973.

Walter C. Hilderman, 1724 Branden Rd., Charlotte, N.C., has retired according to a note from his wife to class agent **J. Wallace Davis**.

Frank T. O'Brien, 2102 Kentmore Pkwy., Wilmington, De., has been named Honorary Clinical Assistant Professor of Surgery at Jefferson.

Joseph J. Rupp, 709 Byberry Rd., Philadelphia has been named Emeritus Professor of Medicine at Jefferson. He also was chosen by the senior class to administer the Hippocratic Oath at Commencement exercises June 5 at the Academy of Music.

Joseph W. Stayman, Jr., Hearthstone Rd., Route 1, Landrum, S.C., has been named Emeritus Professor of Surgery at Jefferson.

1943

Daniel J. Hilferty, Jr., 840 Montgomery Ave., Bryn Mawr, Pa., has been named Honorary Associate Professor of Medicine at Jefferson.

Bernard J. Miller, 882 Andorra Rd., Lafayette Hill, Pa., was awarded the Samuel D. Gross Distinguished Service Award for excellence in teaching and outstanding research of heart lung machines at Jefferson at the May 1, 1981 annual staff banquet of the Department of Surgery.

Dr. Miller has two sons, **Larry '79** and **Stan '80**, who are in residency training

programs at Jefferson and a daughter, Anna, who will enter Jefferson Medical College this fall.

1944J

John H. Bland, Upper Valley Rd., Cambridge, Vt., has run six marathons since recovering from a myocardial infarction two years ago. He ran the last one with his daughter, Linda of Jackson, Wyoming, on December 7, 1980.

Paul Cutler, 222 W. Rittenhouse Square, Philadelphia, has been appointed Clinical Professor of Medicine at Jefferson.

1944S

David R. Brewer, Rte. 1, Mullica Hill, N.J., Director of Medical Services at the Prudential Insurance Company, has donated a fine collection of old and rare medical books to the Scott Memorial Library. Dr. Brewer presently is serving as a Vice President for the Alumni Association.

1945

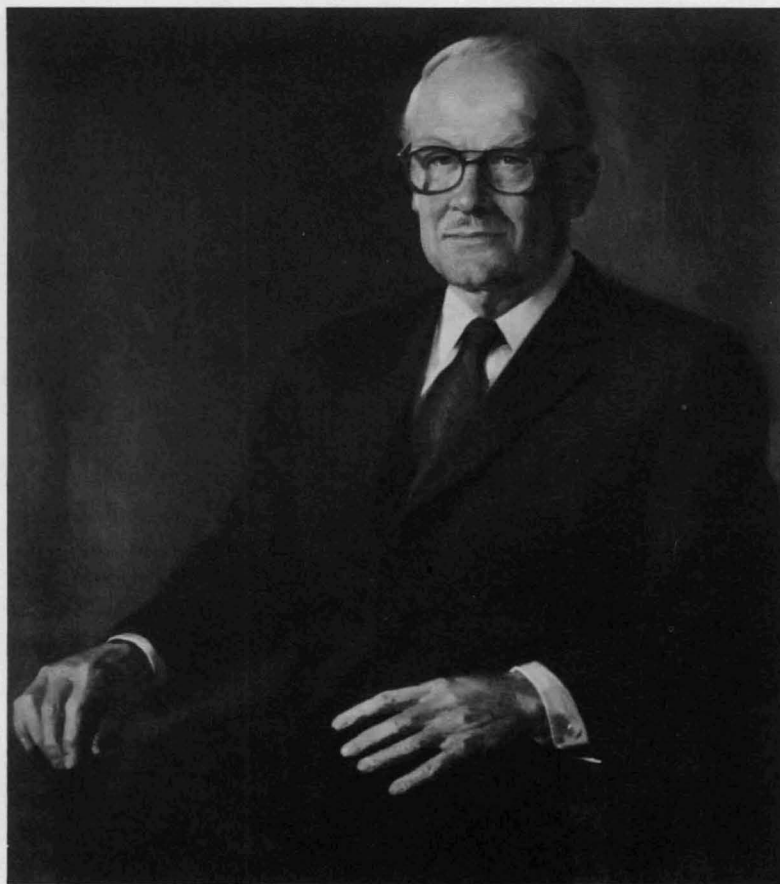
James A. Caddy, 54 Heather Ln., Levittown, N.Y., and his wife, Cleo Jane, spent seven weeks in east Africa and Egypt on a private safari. They visited such places as the Seychelles Islands and Mombasa. Dr. and Mrs. Caddy have two children, Charna, who has a master's degree in speech pathology and is practicing in Dallas, and Scott, who works on a shrimp boat out of Jacksonville, Florida.

1946

Robert A. Murphy, 73 Ridgley St., Mount Holly, N.J., is Vice President of the



The Louis C. Clerf lecture, established to honor the Emeritus Professor of Laryngology and Broncho-Esophagology, was given May 1. Dr. Clerf '12 (center) was at Jefferson to hear his colleague, Dr. Jo Ono '28 (right) lecture on "Legacies of Jefferson Men to Japanese Medicine." Dr. John J. O'Keefe '37 made the introduction.



Hodges' Portrait

The Ludwig A. Kind Emeritus Professor of Medicine, John H. Hodges, M.D. '39.

"Representative of all we hope to achieve," announces the headline of the 1962 *Clinic* dedication to John H. Hodges, M.D., '39, Ludwig A. Kind Emeritus Professor of Medicine.

Twice honored with a yearbook dedication, the first time in 1951, and the recipient of the Christian R. and Mary F. Lindback Award for distinguished teaching in 1966, Dr. Hodges was recognized June 18 by friends and colleagues with the presentation to Jefferson of his portrait done by artist Robert O. Skemp.

John N. Lindquist, M.D., '43, Honorary Clinical Associate Professor of Medicine, a neighbor and close personal friend of Dr. Hodges, presided at the afternoon ceremony held in McClellan Hall. Introducing Hobart A. Reimann, M.D., who delivered the biographical sketch, Dr. Lindquist noted that the former Magee Professor of Medicine was a Professor of Medicine in Asia for 15 years before returning to Jefferson

as Visiting Professor of Medicine.

"I tried to find a little scandal in this history by asking various friends," commented Dr. Reimann, "but there was none!"

Dr. Hodges was born in Harpers Ferry, West Virginia, on August 1, 1914. His father was Dr. Albert Hodges, and his mother was Edna Hendricks. Dr. Hodges married Elizabeth M. Wallace in 1940, and they have one son, John H. Jr., born in 1943.

Dr. Hodges graduated with honors from St. Joseph's School in Martinsburg, West Virginia, in 1931 and received his bachelor of science degree, cum laude, from Catholic University of America in Washington, D.C. in 1935.

Graduating from Jefferson in 1939, Dr. Hodges went on to serve a general rotating internship at Philadelphia General Hospital. Then in 1941 he went into the general practice of medicine for one year in Martinsburg, West Virginia. From 1942 to 1946 he served his residency

in medicine at Jefferson. He was a Ross V. Patterson Fellow in Medicine at Jefferson and a Mary Markle Fellow in Tropical Medicine at the Army Medical Center in Washington, D.C. and in Central America.

Dr. Reimann evoked laughter from the audience when he remarked, "John Hodges and John Lindquist were among my best residents. Neither of them trembled when they made rounds with me!"

Dr. Hodges was made Assistant in Medicine at Jefferson in 1946 and advanced rapidly through the ranks, becoming Professor of Medicine in 1964. He became the Ludwig A. Kind Professor of Medicine in December of 1964. "That probably should be the kindly professor of medicine," said Dr. Reimann in reference to Dr. Hodges' gentlemanly disposition.

Dr. Hodges other academic assignments included being Assistant in the Course in Laboratory Medicine from 1942 to 1944, Director of the Course in Laboratory Medicine

from 1944 to 1971, Assistant in Tropical Medicine and Parasitology from 1943 to 1948, Director of the Mohler Physicians Offices from 1955 to 1975, Co-Director and Executive Director of the Department of Medicine from 1975 to 1976 and Director of the Division of General Medicine from 1969 to 1977.

Dr. Hodges is a Diplomate of The American Board of Internal Medicine and has been the recipient of many honors and awards including the Catholic University of America Alumni Achievement Award in 1969 and The College of Physicians of Philadelphia S. Weir Mitchell Associate in 1962. In addition, Dr. Hodges is a member of Phi Eta Sigma, Sigma Xi and Alpha Omega Alpha for which he was the faculty advisor from 1963 to 1969.

In 1941 Dr. Hodges served for a year on the staff of City Hospital and Kings Daughters Hospital in Martinsburg, West Virginia. Since then he has served on the staffs of Lankenau Hospital, the Veterans Administration Hospital and the T.J.U. Hospital.

Dr. Hodges has presented numerous talks and papers for publications. His many activities include membership on the T.J.U. Board as Alumni Trustee, recently elected to a second three year term. He is an active participant in the Alumni Association serving as Class Agent for Annual Giving, President of the Association in 1972 and Editor of the Alumni Bulletin Publications Committee from 1961 to 1963.

Accepting the portrait on behalf of the faculty, William F. Kellow, M.D., Dean and Vice President, stated, "I have heard it said many times that one of the highest tributes that a doctor can have paid to him by another doctor is being asked to take care of the doctor's family. Well, John Hodges has had tributes of this type galore. At Jefferson he is known as the doctors' doctor. He has taken care of me, my wife, Stella, and everyone of our children. In fact, I would dare say that there is probably not a person in this room who has not had John Hodges' care at some time."

Lewis W. Bleumle, Jr., M.D., President, accepted the portrait for the Board of Trustees. Noting that

no other faculty member at Jefferson was selected twice by the students for a yearbook dedication, Dr. Bluemle held up the 1951 *Clinic* and said, "You can tell from the photograph that John has not changed, except that now his mustache is white!"

Dr. Bluemle read the following excerpt from one of the *Clinic* dedications on Dr. Hodges course in Clinical Laboratory: "This subject, which is rather formidable, he has organized exceptionally well. It is punctuated, rather frequently, with oral quizzes that miss nary a man - a system that has proven itself quite efficacious in facilitating the retention of facts."

"This," said Dr. Bluemle, "is a very long way of saying he is a tough guy! But the students also say in their dedication that he is a gentleman in every sense of the word."

In his response, Dr. Hodges thanked his parents, family, teachers, patients, students, colleagues and the health professionals he has worked with. "It is not always that one is honored by his first boss, and Dr. Reimann was my first boss when I came to Jefferson. He is still my boss for that matter. It is not everyone who has a Grace Revere Osler Professor of Surgery like Dr. Frederick Wagner play organ music for them when they stand up to talk," he said.

"I was fortunate to have very dedicated teachers from the time I was in grade school through high school, college and here at Jefferson. It is very inspiring to see that same dedication persists in the Board of Trustees, our faculty, students and health professionals," Dr. Hodges remarked.

He continued, "It has been a great honor and pleasure to continue to participate in professional activities and social organizations at Jefferson and in and about Philadelphia. It is the contacts with people that have meant so much to me."

Dr. Hodges summarized his sentiments when he said, "I would like in my own mind to dedicate this very special day to each of you. Those of you who are here and those of you who are unable to be here because you mean so much to me."

Zurbrugg Memorial Hospital medical staff.

J. Donald Wentzler, Box 275, Watsontown, Pa., and his wife, Betty, a nurse anesthetist, took part in a short-term mission to Honduras sponsored by the Medical Group Missions program of the Christian Medical Society. Dr. Wentzler, an anesthesiologist, and his wife were among a group of 120 participants who conducted a two week general medical, surgical and dental program in the area of La Ceiba, a port on the north coast of Honduras, bordering the Caribbean. Team members traveled to outlying villages to conduct clinics, and surgery was performed in Hospitals in La Ceiba where general medical and dental consultants were also held.

1948

Howard L. Shaffer, 124 N. Lincoln St., New Wilmington, Pa., is the new President of the Jameson Memorial Hospital Medical/Dental Staff. Dr. Shaffer and his wife, Elizabeth, have three children, Christine Henricks, a registered nurse, **Lawrence '79**, a medical officer in the US Air Force, and James, a flight instructor.

1949

Gerald Marks, 111 S. 11th St., Philadelphia, is President-Elect of the Pennsylvania Society of Colon and Rectal Surgery and President-Elect of the Northeast Society of Colon and Rectal Surgeons.

1950

Bernard V. Hyland, 1003 Greenbriar Dr., Clarks Summit, Pa., writes, "I am happy to express my gratefulness to Jefferson by becoming a Life Member of the President's Club."

1951

Glen M. Ebersole, 35 Sunset Ave., Lakewood, N.Y., practices radiology with a group of six in Jamestown.

Joseph C. Flynn, 1315 S. Orange Ave., Orlando Fl., is serving as President of the Florida Orthopaedic Society for the 1981-82 term. Dr. Flynn is also Secretary-Treasurer of the Irish American Orthopaedic Society which meets in Ireland every other year with the Irish Orthopaedic Club.

Edwin M. McCloskey, 42 Sheep Hill Dr., West Hartford, Ct., has a son, Michael, who graduated this June.

Harold E. Peters, 390 State St., New Holland, Pa., was recently named to the

full time post of Medical Director at Sperry New Holland. Dr. Peters will treat job related injuries, give periodic health examinations and provide counseling and medical referrals to company employees. Dr. Peters had been working for Sperry on a part time basis since 1972.

1952

Howard Fugate, Jr., 633 Maple Ave., Dubois, Pa., and his wife, Elaine, have three sons. The oldest, Jeff, is a Fellow in cardiology at the Cleveland Clinic. The Fugates' two younger sons are both in medical school (Howard Fugate III is a sophomore at Jefferson). Dr. Fugate is the author of a book for the layperson on cardiac rehabilitation entitled "The Road to a Healthy Heart."

1953

Norman Gladsden, 2340 Coral Way, Miami, writes, "I'm happily remarried and still in general practice in Miami. I am also interested in medical hypnosis. My children, Joy, Lawrence and Stuart, are an attorney, a photographer and an accountant respectively!"

Eugene A. Jaeger, 674 Timber Ln., Devon, Pa., was recently elected Vice President of the Chester County Neuro-Psychiatric Society.

Joseph W. Simpson, 2391 Hickory Rd., Plymouth Meeting, Pa., writes, "After a hectic year of cardiac problems in 1979, concluding with bypass surgery at Jeff in October of that year, I'm now doing okay and back at my CONRAIL office as Chief Consulting Physician."

1954

Joseph L. Abbott, 101 Christena Ln., High Point Farms, West Chester, Pa., and his wife are Regional Directors of the Association of Christian Therapists. Dr. Abbott's wife teaches psychology at Immaculata College and is in private practice. Their oldest son was married this year.

Warren W. Brubaker, 415 Elm Ave., Hershey, Pa., presented a lecture on exercise and its effect on absenteeism at the Youngwood Campus of the Westmoreland County Community College in January. Dr. Brubaker is the Director of Employee Fitness for Hershey Food Corporation.

Charles H. Greenbaum, 1237 Imperial Rd., Rydal, Pa. is a Clinical Professor of Dermatology at Jefferson.

1955

H. Paul Bauer, 3405 Kenyon St., San Diego, an orthopaedic surgeon who has been active in sports medicine for many years and was the team physician for the San Diego Padres for 13 years, has opened a Body Mechanics Laboratory. The goal of Dr. Bauer's program is to prevent sporting injuries so that surgery is not required.

Although the Laboratory will serve all sports, it is geared primarily to the baseball pitcher. The prime instrument at the lab is a motion analysis system, a closed circuit television which records action at the speed of 120 frames per second and can be played back on a split screen in slow motion.

The players are recorded while throwing from a pitching mound in the lab. In the playback, Dr. Bauer analyzes the player's body stress. According to Dr. Bauer, 80% of the force should come from the legs while only 20% should come from the upper body.

Herbert E. Cohn, 111 S. 11th St., Philadelphia, Professor of Surgery at Jefferson, was awarded the Lindbach Award for distinguished teaching at Commencement activities in June.

Darwin W. Rannels, 1701 E. Main St., Danville, Il., writes, "still hoping to relocate after leaving the V.A. Spending a lot of time on my property here."

After two decades of general pediatric practice, **Robert J. Senior** has opened a practice for the health care of adolescents and young adults at 500 Eastown

Drive, Suite 201, Chapel Hill, North Carolina. Dr. Senior is a charter member of the Society for Adolescent Medicine and is on the Editorial Board of *The Journal of Current Adolescent Medicine*.

1956

J. Mostyn Davis, 309 E. Sunbury St., Shamokin, Pa., has joined the Department of Family Medicine at Geisinger Medical Center. Dr. Davis had been affiliated with Geisinger for several years through the Rural Preceptor Program, training residents in family medicine.

Joseph F. Smith, 206 Wiltshire Dr., Kennett Square, Pa., is Chief of Radiology at Southern Chester County Medical Center. Dr. Smith directs and supervises the operation of the X-ray Department, which includes nuclear medicine and ultrasound.

1957

Alfred O. Heath, Box 8238, Charlotte Amalie, St. Thomas, Virgin Islands, was recertified by the American Board of Surgery in October and has an active private practice of general, thoracic and vascular surgery. Dr. Heath, who was certified as a Flight Surgeon at Fort Rucker, Alabama, is the State Surgeon and Assistant Adjunct General for the Virgin Islands Army National Guard and was recently promoted to the rank of colonel. Dr. Heath resigned as Commissioner of Health in 1976 and was recently designated Distinguished Surgical Consultant by the Virgin Islands Department of Health. He also has been named Chairman of the American College of Surgeons, Virgin Islands State Committee on Trauma. Dr. Heath has been nominated for an appointment to the faculty of the Division of Surgical Oncology at Georgetown Medical School in Washington D.C.

Dr. Joshua N. Zimskind '27 writes that he was invited to attend the Urodynamics Workshop in Boston in May sponsored by the Urodynamics Society. At that time the Paul D. Zimskind Memorial Prize was presented to a researcher in the field who has done significant work within the previous four year period. Dr. Zimskind, the Nathan Lewis Hatfield Professor of Urology, died in March, 1976.

1958

Donald L. Clark, 109 Mount Laurel Rd., Moorestown, N.J., was recently named Vice President of Medical Affairs at Deborah Heart and Lung Center in

Skytop Reunion

The 33rd annual reunion of the class of 1948 was held in May at Skytop Lodge in the Poconos. Fourteen guests attended a very pleasant weekend of golf, tennis, dancing and cocktails (in that order). Leonard Bender, who came in from Detroit with his wife, Nancy, attended his first reunion. Paul Brenneman and George O'Donnell were the golf champions. Rudy DePersia, Pat Frank, Steve Pascucci and I made additional non academic contributions to the reunion.

There will be happy memories for years to come. The Cloisters in Georgia will be the site for the 34th. Please mark your calendars. **Norman Quinn**

Browns Mills. Dr. Clark is Chairman of the Department of Anesthesiology there.

Richard E. Eshbach is studying, teaching and working in Athens, Greece. Dr. Eshbach writes, "I can be reached at Box 3186, APO New York 09223."

Frederick W. Floyd, 100 Somers Ave., Moorestown, N.J., was promoted to Clinical Associate Professor of Pediatrics at Jefferson.

Gino Mori, The Forum Plaza, 225 Penn Ave., Scranton, has been recertified in surgery by the American Board of Surgery.

Frank R. Vanoni, 379 Prospect St., Torrington, Ct., has been active in the Northwestern Area American Cancer Society for many years. He is Chairman of the Professional Education Committee, a member of the Executive Committee and the Board of Directors, and is President-elect of the Connecticut Division. Dr. Vanoni and his wife, Vivian, have three daughters.

1959

Richard S. Kolecki, Department of Pathology, West Jersey Hospital, Voorhees, N.J., is Director of the Northeast Division of the American Association of Blood Banks. Dr. Kolecki is Associate Chairman of the Department of Pathology and blood bank Director for the West Jersey Hospital System. He and his wife, Phyllis, have four children.

Stanley L. Spielman, 6201 SW 70 St., South Miami, and his wife have three children, Ameli, nine, Eric, seven and Tina, 10 months. Dr. Spielman has developed a new contact lens which enables the refraction of large aquatic animals at sea. The lens has been tested on four shark species and was filmed for the National Geographic Society.

1960

Paul N. Angstadt, Jr., Skippack Pk., Worcester, Pa., was recently named Director of the Department of Radiology at Montgomery Hospital in Norristown.

John P. Brennan, 606 E. Washington St., Nanticoke, Pa., has been made a Fellow of the American College of Cardiology. Dr. Brennan and his wife, Marianne, have three children, John, Thomas and Maureen.

John B. Nevara, 4501 Arista Dr., San Diego, writes "I'm working at the hospital with the second largest number of open heart procedures in California, the most populous state. And they don't

even know who invented the heart lung machine, our John Gibbon!"

1961

James W. Webster, Jr., 508 S. Temple E., Salt Lake City, a thoracic and cardiovascular surgeon, has been named President of the LDS Hospital medical staff. Dr. Webster was elected State Vice President for Utah for the Jefferson Alumni Association at the annual meeting in February.

1962

Charles J. Bannon, 11 Starlight Dr., Clarks Green, Pa., recently accepted a three year appointment to the Marywood College Board of Trustees. Dr. Bannon is associated in the practice of surgery with James A. Kane, '38, John J. Spitzer, and Edwin C. Neville. He was recently recertified by the American Board of Surgery.

Stephen G. Vasso, 211 E. Bettewood Ave., Oaklyn, N.J., has been promoted to Clinical Assistant Professor of Pathology at Jefferson.

1963

John M. Fenlin, 836 Bryn Mawr Ave., Narberth, Pa., has been promoted to Clinical Associate Professor of Orthopaedic Surgery at Jefferson.

William B. Lorentz, Jr., 2141 Walker Rd., Winston Salem, N.C., has been promoted to Professor of Pediatrics at the Bowman Gray School of Medicine of Wake Forest University. Dr. Lorentz, whose specialty is pediatric nephrology, was appointed to the faculty there in 1974. A former Chief of Pediatrics at the U.S. Naval Hospital in Quantico, Virginia, he was trained as a Fellow in nephrology at the University of North Carolina School of Medicine.

Herbert C. Rader and his wife, Lois, were delighted to hear from classmates after their note appeared in the JAB last spring. The Raders are still at the Catherine Booth Hospital, Nagercoil - 629-001, Tamilnadu, India. Dr. Rader writes, "During 1980, we cared for over 47,000 outpatients and about 6500 inpatients, 70% of them coming over ten miles to the hospital. There were over 2300 operations and about 600 deliveries. How best to expend limited resources is always a difficult question. Modernization and maintenance of our 60 or so buildings is increasingly expensive, but to build a comparable single, modern and efficient complex would cost at least five million rupees. We are anxious to offer the poor the most economical service possible, but the poor in particu-

lar come with advanced and complicated problems, often after spending all they had on useless remedies. They require sophisticated and expensive treatment. Interest being shown by the State and Central Government in our Community Health Scheme in Valliyoor is encouraging, but I wish we could report more progress. The contrast between rich and poor is more stark and obvious in a developing country, and while this does not relieve Christians in any country of the duty to live sensitively and responsibly, we feel acutely the need to keep our own lifestyle under constant scrutiny."

Melvin Yudis, 1210 Red Rambler Rd., Rydal, Pa., writes that his son, David, became a Bar Mitzvah on April 3.

1964

Stanley C. Foster, 43 High Park Rd., Wayland, Ma., is President of the Medical Staff of Mount Auburn Hospital in Cambridge. Dr. Foster is also President of the New England Society of Ultrasound.

Robert M. Steiner, 129 Gypsy Ln., Wynnewood, Pa., has been promoted to Professor of Radiology at Jefferson.

1965

Franklin G. Maleson, 3815 Stokley St., Philadelphia, has been promoted to Clinical Associate Professor of Psychiatry and Human Behavior at Jefferson.

Harvey Slater, 1363 Shady Ave., Pittsburgh, has recently been joined by an associate, I.W. Goldfarb, M.D.

Norman P. Zemel, 2300 S. Hope St., Los Angeles, was elected to membership in the American Society for Surgery of the Hand.

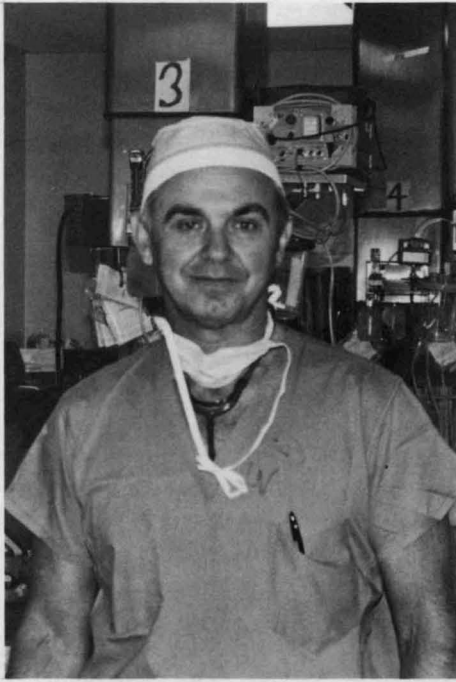
1966

Lynn G. Cranmer, 1150 N. Ventura Rd., Oxnard, Ca., successfully completed the Hawaii Triathalon, which involves a 2.4 mile swim, 112 mile bicycle race and 26.2 mile run, in 13 hours and 25 minutes. Dr. Cranmer practices dermatology in Oxnard.

Arnold S. Rosenbaum, 44 Holly St., Providence, R.I., and his wife have three children. Dr. Rosenbaum practices general and vascular surgery. Recently he participated in a symposium on the treatment of malignant ascites - Bectin Dickenson.

1967

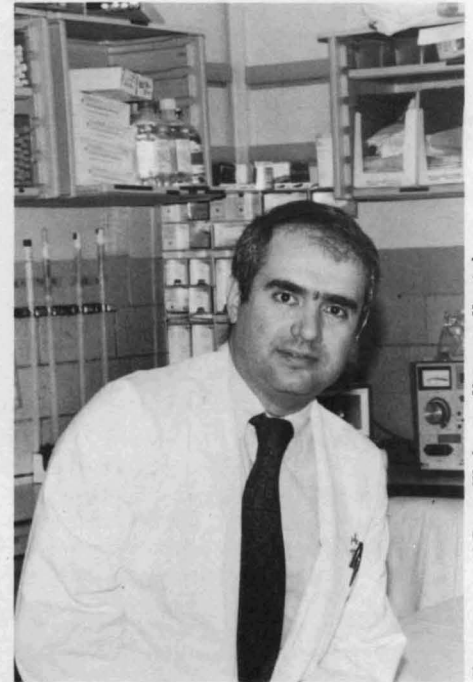
Stephen Byrne, 145 E. Third St., Moores-



Manfred W. Lichtmann, M.D. '63



Kathleen F. Cheyney, M.D. '74



Joseph M. Giordano, M.D. '67

Photos courtesy of George Washington University Hospital

Physicians to the President

On March 30, 1981, after an attempt on his life outside the Washington Hilton, President Ronald Reagan found himself under the care of three Jefferson trained physicians at George Washington University Hospital. President Reagan is the most recent in a long line of Presidents to be treated by Jefferson physicians. Nearly half of our 40 Presidents, beginning with Thomas Jefferson, have been served by Jefferson alumni or faculty either before, during or after their term of office, according to an article written and researched by Elinor Bonner for the 1970 Alumni Centennial issue of the JAB.

Joseph M. Giordano, M.D., '67 headed the trauma unit that received President Reagan. Manfred W. Lichtmann, M.D., '63, was one of the physicians who administered anesthesia, and Kathleen F. Cheyney, M.D., '74, was the first assistant in the operating room.

Dr. Giordano had just finished a routine gall bladder operation and was having a patient conference in

his office when he heard his name being paged intensely over the hospital intercom system. It was very disconcerting because many other people were being paged almost simultaneously.

Dr. Giordano did not have the faintest inkling of who the patient was causing the sudden commotion in the hospital. He was startled when he looked down and saw the President lying on the stretcher in the resuscitation area of the Emergency Room.

It was an uncanny happenstance which caught Dr. Giordano very much by surprise. As head of George Washington University Hospital's trauma team, Dr. Giordano is always prepared for any emergency at the White House, located six blocks to the east of the Hospital. Though he had imagined the situation many times, the reality of it was inexpressible.

Dr. Lichtmann was informed that three cases would arrive in the emergency room within minutes. Rapidly he began preparing for

three injuries, one to the head, another to the chest and a third to the abdomen. He was vaguely aware of a television blaring nearby, but he was too concerned with his assignments to take note of it. Then, suddenly, the newscaster's message invaded his consciousness and he realized just who those three patients were. Dr. Lichtmann was unflapped by the news. Almost 22 years of army medicine, some in Vietnam and Jordan, were behind him, and his motto has always been, "do the best you can with everyone."

In the emergency room, several resident physicians were gathered around the President. Police and Secret Service agents were crowded in the room. Dr. Giordano noticed the President's personal physician, Daniel Ruge, M.D., whom he had never met, standing by the stretcher.

The President looked pale and clammy and was short of breath. His pulse rate was increased. He had three intravenous tubes in him and was receiving crystalloid fluids to sustain his blood pressure. An anes-

thesiologist was giving him oxygen with a mask.

Informed by a nurse that President Reagan's blood pressure was 100, Dr. Giordano asked Dr. Ruge what the President's blood pressure was normally and he said it was usually 140 over 80.

Dr. Giordano believed the President was hypotensive though he did not seem to be in shock because he was alert and cooperative. "I palpated his femoral arteries and felt that they were adequate, and that he was getting enough blood to vital organs. But he obviously had substantial internal bleeding," reported Dr. Giordano in a first person article in the *Los Angeles Times*.

The President was immediately given a transfusion. Between the emergency room and the operating room the President required about eight units of blood in addition to the saline he received. He got 3½ units in emergency and 4½ units during the operation.

The President was having a great deal of difficulty breathing. As Dr. Giordano prepared to insert a tube in his chest to withdraw blood, he said, "Mr. President I just want to reassure you."

A large quantity of blood flowed out after the tube was inserted and it continued to drain. An initial check showed that 900 cc. had drained. Minutes later it was 1,200 and several minutes after that it was 1,800. The loss of blood was so rapid that Dr. Giordano feels a 15 minute delay in getting the President to the hospital would have been much more serious and possibly fatal.

Since the President was losing blood at such a rapid rate, his physicians concurred that an operation was necessary to stop the bleeding. When the President was brought to the operating room at about 3:45 in the afternoon, approximately 2,100 cc of blood had drained through the chest tube.

Following an exhausting night in which she had treated several critical patients, Dr. Cheyney was not anticipating another emergency. However, in the process of making rounds, she heard the trauma code being paged and was told by nurses that thoracic surgeons were needed.

As she hurried to the emergency room, the last thing she expected was for the patient to be President Reagan. "By the time I got to the emergency room, the President was already in a stable condition. The trauma team had worked rapidly and had stabilized his vital signs," she commented in a Jefferson interview.

It was on the President's way into surgery that he voiced his now famous remark, "I hope you are all Republicans." Dr. Giordano, actually a registered Democrat, said reassuringly, "Mr. President today, we are all Republicans."

Doctors Giordano, Lichtmann and Cheyney are part of a small enclave of Jefferson trained physicians at George Washington University Hospital and all of them share a special feeling for Jefferson.

Dr. Giordano, who as a medical student was determined originally to go into medicine, was convinced of becoming a surgeon after serving a rotation with Kenneth E. Fry, M.D., '31, now Honorary Clinical Professor of Surgery, and studying with John H. Gibbon, M.D., '27, Samuel D. Gross Professor of Surgery from 1956 to 1967.

"I remember with great affection the late Gonzalo Aponte ('52), Professor and Chairman of the Department of Pathology," Dr. Giordano revealed in a recent interview.

A student at Jefferson when President John F. Kennedy was assassinated in Dallas, Dr. Giordano never believed at the time that he would one day help to save the life of a United States President. Dr. Giordano vividly recalls being in the Jefferson library studying for an anatomy test when he heard about the Kennedy assassination. He remembers going home to watch the news on television and not performing too well on the test the next day.

Originally from Union City, New Jersey, Dr. Giordano, his wife, Orfa, a native of Columbia, and their five year old son, Christopher, live in Washington. They are expecting another child in October.

Dr. Giordano served his internship and residency at George Washington and then worked at Walter Reed Army Hospital for three years before joining the staff at George

Washington, of which he has been a member for five years.

Dr. Giordano received messages of congratulation from all over the country after the President's successful operation, many of them were from Jefferson alumni and staff. One of his favorites came from his class president and former roommate, Carl Stanitski, M.D., with whom he has kept in touch since graduation.

"The President came through his operation extremely well. I had always heard that physiologically he was much younger than 70. He is," Dr. Giordano concluded in his *Los Angeles Times* article.

Dr. Lichtmann remembering his Jefferson days said in a recent interview, "During my four years at Jefferson, I thought seriously about becoming a surgeon, and went so far as to start an internship in surgery at Walter Reed Army Hospital." However, an anesthesiology rotation changed Dr. Lichtmann's mind.

While at Jefferson, Dr. Lichtmann greatly admired the late John Dugger, M.D., '25, Associate Professor of Clinical Obstetrics and Gynecology. "Dr. Dugger's son, Richard, and I were stationed at Fort Campbell together, and Dr. Dugger treated me just like another son," he commented.

Dr. Lichtmann feels a very strong attachment to Jefferson. "Since I was drafted immediately after college, Jefferson was the only medical school that would take a chance on me!" he remarked. Jefferson's decision to accept Dr. Lichtmann has indeed proved to have been a wise one!

Dr. Cheyney, a Fellow in cardiovascular and thoracic surgery at George Washington, has always been interested in surgery though in medical school she also enjoyed her anesthesiology training with Jay Jacoby, M.D., Ph.D., Professor and Chairman of the Department.

Says Dr. Cheyney of her most famous patient, "The President was a very good patient, and though our access to him was limited due to security, all those stories about the President having a good sense of humor are definitely true. He is terrific."

town, N.J., has been named Chairman of the Moorestown Heart Fund Campaign.

Stanton I. Moldovan, 9026 Wickford Dr., Houston, married Cheryl Switsky in August 1980. Dr. Moldovan and his wife are expecting their first child in July.

J. David Sabow, 1405 W. 18th Place, Yuma, Az., has a solo practice of neurology there. Dr. Sabow moved from Rapid City, South Dakota, last summer. His mother, wife of the late **L.T. Sabow, M.D.**, '29, has also moved to Yuma.

1968

Bohdan Malyk recently opened a practice for adolescent and adult gynecology at the Professional Building, 245 South Main Street, Pennington, New Jersey. Dr. Malyk is on the clinical faculty of the Rutgers Medical School as well as the University of Pennsylvania School of Medicine.

Robert D. Rockfeld, 190 North Glenn Ct., Atlanta, is practicing orthopaedic surgery in Dunwoody, Georgia.

1969

William G. Chodoff, 6708 McCallum St., Philadelphia, has been promoted to Clinical Assistant Professor of Pediatrics at Jefferson.

Salvatore P. Girardo, 2517 S. Colorado St., Philadelphia, was inducted as a Fellow in the American College of Cardiology at its annual convention in San Francisco last March.

Harold R. Hansen and his family enjoy living and working in Keene, New Hampshire. Dr. Hansen is part of a 30 physician multi-specialty group called the Keene Clinic.

Jay S. Skyler, 14345 S.W. 72 Ct., Miami, and his wife, Dennie, write, "We are the proud parents of a lovely daughter, Jennifer Anne, born February 21, 1981." Dr. Skyler is Associate Professor of Medicine and Pediatrics at the University of Miami School of Medicine, and Chief of the Endocrinology and Metabolism Section in the Department of Medicine at Jackson Memorial Hospital. He continues as Editor of *Diabetes Care* and recently co-edited a symposium on Diabetes Mellitus appearing in the winter issues of the *American Journal of Medicine*. Dr. Skyler is also President of the Florida Affiliate of the American Diabetes Association and a member of the program committee of the International Diabetes Federation.

Linda L. Weinberg, 30 Lakeview Hollow, Cherry Hill, N.J., has been pro-

moted to Clinical Assistant Professor of Pediatrics at Jefferson.

1970

William D. Bloomer, 166 Hampshire Rd., Wellesley Hills, Ma., is the principal investigator at Harvard Medical School and Brookhaven National Laboratory in a successful study of alpha-emitting radiocolloid in the treatment of cancer, using an ascites-forming mouse abdominal tumor model. The study was published in the April 17 issue of *Science* in an article entitled "Astatine-211 - Tellurium Radiocolloid Cures Experimental Malignant Ascites."

The treatment employs the alpha emitter astatine-211 produced on a Brookhaven National Laboratory cyclotron. The radionuclide is carried to the tumor on particles of elemental tellurium. When this mixture is injected into the abdominal cavities of mice with tumors, it is positioned to destroy the malignant tumor cells without causing undue toxicity to the surrounding normal tissue.

When further tested and developed, the therapy is of potential use in the treatment of human ovarian, endometrial and colon cancers.

Marie V. Olivieri Russell, 5 Orchard Ln., Wallingford, Pa., is Associate Professor of Pediatrics and Director of the Division of Pediatric Hematology at Hahnemann Medical College. Dr. Russell and her husband **Edward R. '72**, are expecting their fourth child.

J. Michael Shovlin, 55 Laurel St., Carbondale, Pa., recently became board certified in psychiatry.

1971

R. Anthony Bescher, The Frederick C. Smith Clinic, 1040 Delaware Ave., Marion, Oh., is practicing general and vascular surgery with a multi-specialty group and is Chief of Surgery at Community MedCenter Hospital there. Dr. Bescher and his wife, Judi, have three sons, Matthew, four, Michael, three, and Andrew, one. The Beschers welcome classmates vacationing in the area to stop by for a visit.

Stuart A. Scherr, 29 Hemley Rd., Overbrook Hills, Philadelphia, was recently appointed a member of the active medical staff of West Park Hospital in the Department of Surgery, Section of Otolaryngology.

Augustin J. Schwartz, 111, 705 N. Olive Ave., West Palm Beach, was married April 11 to Paulette Marie Lewis and they are residing in Palm Beach Gardens. Dr. Schwartz continues to

practice medical oncology, hematology and internal medicine with the Palm Beach Medical Group and continues as Clinical Associate Professor of Medicine at the University of Miami Comprehensive Cancer Center. Shortly after the wedding Dr. and Mrs. Schwartz accompanied classmate **Lewis J. Borucki** and his family to the Bahamas on the Borucki sailing vessel, "Scherzo."

Joseph L. Seltzer, 1330 Montgomery Ave., Rosemont, Pa., is an Associate Professor of Anesthesiology at Jefferson.

1972

Louis C. Blaum, Jr. and his wife, Karen, enjoy their new home at 33 Wilcox Drive, Wilkes-Barre, Pa. Blaum practices thoracic and vascular surgery and manages to get in about 50 miles of jogging a week. He is also a Pennsylvania Interscholastic Athletic Association Wrestling Referee.

George W. Hager, III, Stroudsburg, Pa., was recently made a Fellow in the American College of Surgeons.

Joseph P. Horstmann, 834 N. Ott St., Allentown, Pa., has been appointed Instructor of Pathology at Jefferson.

John J. Laskas, Jr., Honey Hill Farm, Darling, Pa., became Board Certified in dermatology in 1976 after training at the University of Pennsylvania Hospital. Dr. Laskas and his wife, Eileen, have a daughter, Alison, and two sons, John III and Joseph.

Jeffrey A. Mattes, 45 East End Ave., New York, is Director of Psychiatric Ambulatory Care at the Bronx VA Hospital. Dr. Mattes has an appointment pending for an Assistant Professorship at the Mt. Sinai School of Medicine.

Anthony M. Nespoli, Berwick, Pa., was appointed by the Sunbury Community Hospital trustees to a full time position in the emergency room.

James M. Ryan, 27 Mackenzie Dr., Fort Leonard Wood, Mo., is certified by the American Board of Surgery and is Chief of Surgery at General Leonard Wood Army Community Hospital. Dr. Ryan will begin a fellowship in cardiothoracic surgery at the National Naval Medical Center in Bethesda, Maryland, this summer.

Barry P. Skeist, 575 Main St., Roosevelt Island, N.Y., is Assistant Chief of Radiology at Brooklyn V.A. Medical Center. He has taken up dancing, primarily ballroom but also country western and tap.

Thomas E. Zukoski, 223 Cornell Ave., Clarks Summit, Pa., was elected Chief

of the Medical Staff at St. Joseph's Center. Dr. Zukoski, who practices pediatrics in Clarks Green, is a Clinical Assistant Professor of Medicine at Temple University School of Medicine. He and his wife, Suzanne, have five children.

1973

Barry B. Abraham, 2311 Cottman Ave., Philadelphia, and his wife announce the birth of their second child, Dara Beth. Dr. Abraham is practicing dermatology in Northeast Philadelphia.

Eric W. Blomain, 2214 Dover Rd., Harrisburg, Pa., is serving as both Assistant Professor of Surgery at the Milton S. Hershey Medical Center and as a Clinical Professor of Plastic Maxillofacial Surgery at the University of Virginia Medical Center. Dr. Blomain is also Craniofacial Consultant to the Lancaster Cleft Palate Clinic.

Edward P. Gorrie, 1320 N. Tulip Dr., West Chester, Pa., has been appointed Instructor of Medicine at Jefferson.

Joseph A. Kuhn, 114 Cheyenne Ct., Newark, De., is a Clinical Assistant Professor of Medicine at Jefferson.

Robert G. Lahita, 500 E. 63 St., New York, spoke at Jefferson Department of Medicine grand rounds on "Systemic Lupus Erythematosus: Is it a Woman's Disease?" Dr. Lahita is Director of the SLE program at the Hospital for Joint Diseases in New York and an Assistant Professor at Rockefeller University.

Kathleen W. McNicholas, 282 Morris Ave., Summit, N.J., completed training in cardiothoracic surgery at Columbia Presbyterian Medical Center in New York last summer. She then became Senior Registrar in Pediatric Cardiothoracic Surgery at the Hospital for Sick Children, London, England. Dr. McNicholas is now an Associate in Pediatric Cardiovascular Surgery at Children's Hospital of New Jersey and Assistant Professor of Cardiothoracic Surgery at the College of Medicine and Dentistry of New Jersey.

Marc S. Rosenshein, 21616 76th Ave. W., Edmonds, Wa., and his wife, Judy, announce the birth of a son, Neal Scott. Dr. Rosenshein, a Clinical Assistant Professor of Medicine at the University of Washington in Seattle, is practicing medical oncology and hematology at Stevens Memorial Hospital. "Any classmates making it to the Northwest are invited to stop by."

Daniel M. Scotti, 720 Redmen Ave., Haddonfield, N.J., has been promoted

to Associate Professor of Radiology at Jefferson.

Joseph R. Thomas, 317 Beechmont Dr., Hampton, Va., and his wife announce the birth of a son, Adam Raker, in October 1980. Dr. Thomas, Lieutenant Colonel USAF, is now practicing at Langley Air Force Base. He writes, "We are enjoying the sunny weather and heat after a gray three years in England."

Mark D. Widome, 34 Woodbine Dr., Hershey, Pa., presented a lecture titled "Fever of Unknown Origin in Children" in Altoona Hospital's nursing school auditorium last March as part of the hospital's continuing medical education activities. Dr. Widome is Assistant Professor of Pediatrics at the Milton S. Hershey Medical Center.

1974

Douglas B. Gersh, 27 Dilworth Ln., Langhorne, Pa., has been promoted to Clinical Assistant Professor of Neurology at Jefferson.

Richard L. Jaffe, 70 Poplar Dr., Richboro, Pa., was recently appointed an Assistant Professor of Psychiatry at Temple University Hospital.

David Karasick, 3600 Conshohocken Ave., Philadelphia, has been promoted to Associate Professor of Radiology at Jefferson.

Stephen Karasick, 3600 Conshohocken Ave., Philadelphia, has been promoted to Associate Professor of Radiology at Jefferson.

Stephen B. Lichtenstein, 919 Latimer St., Philadelphia, married Roberta Kates, a special education teacher, on July 12, 1980. Dr. Lichtenstein writes, "I am now the proud father of eight pound, 11 ounce Stacey Eve. Lamaze is terrific!"

William B. Olney was elected to Fellowship in the American College of Cardiology. Dr. Olney has a private practice in Rochester, New Hampshire, and is on the staff at Mt. Auburn Hospital in Cambridge, Massachusetts.

William M. Schulman, 5 Prospect St., Lakewood, N.J., recently became associated with the Lakewood Surgical Group in the practice of general, thoracic, vascular and oncological surgery. Dr. Schulman's father, **Jesse Schulman '45**, is also associated with the group, and the Schulmans represent Ocean County's first father-son surgical team.

1975

Robert B. Baker, 615 Banning Ave., Northfield, N.J., was made a Fellow of

the American Academy of Pediatrics in October 1980. Dr. Baker and his wife, Carol, a member of the Jefferson diploma nursing class of 1975, are happy to announce the birth of their second daughter, Laura, in September 1980.

Richard H. Bennett, 244 S. Hutchinson St., Philadelphia, is a neurologist on the staff of Albert Einstein Medical Center. Dr. Bennett is an Associate Professor of Neurology at Temple Health Center.

William P. Coghlan, 55 Allen St., East Longmeadow, Ma., has been board certified in internal medicine and is practicing with a group in the Springfield area. He and his wife, Deedy, had their second child, William Matthew, last October. Their daughter, Kate, is now four.

Kenneth J. Detrick, Woodbound Box 3 Star Route, South Sterling, Pa., has opened a practice on Main Street, Newfoundland. In addition to general medicine, Dr. Detrick provides individual, marital and family therapy. His wife, Elizabeth, a trained social worker, assists him.

Robert H. Gordon, 6828 Wayne Ave., Philadelphia, has joined **Warren A. Katz, M.D. '61** and Bruce I. Hoffman, M.D. in practice of rheumatology. Dr. Gordon is on the staff of Einstein Northern Division and the Medical College of Pennsylvania.

Anne P. Hench, 341 Fairmont Ave., Jersey City, N.J., is Clinical Activities Coordinator for the National Health Service Corps in health region II which encompasses New York, New Jersey, Puerto Rico and the Virgin Islands.

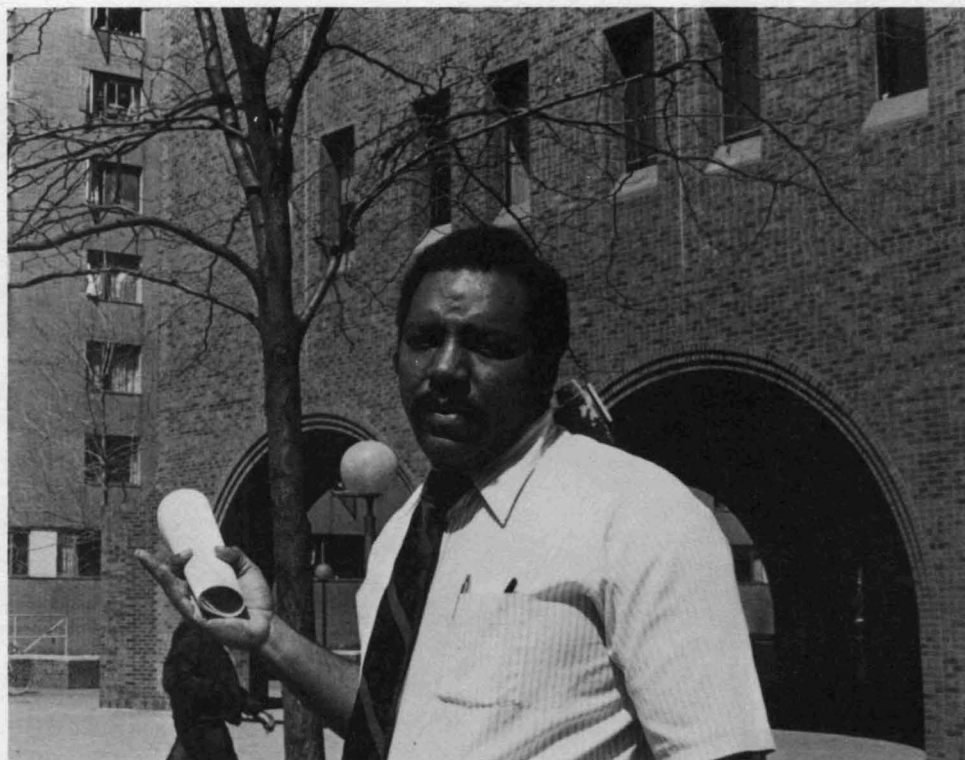
Joseph J. Korey, Jr., 175 Manor Rd., Huntingdon Valley, Pa., enjoyed the class reunion last June. Dr. Korey writes, "I was sorry that **Bob Houston** was unable to be present. I would love to hear from him again."

Craig F. La Force is Director of Pediatric Allergy in the Department of Pediatrics, University of North Carolina School of Medicine, Chapel Hill, N.C. Dr. La-Force completed his pediatrics training there and served a Fellowship in allergy and immunology at the National Jewish Hospital/National Asthma Center in Denver.

Susan M. Luscombe, 5401 Collins Ave., Miami Beach, completed an anterior segment surgery fellowship at Bascom Palmer Eye Institute. Dr. Luscombe practices ophthalmology with Norman S. Jaffe, M.D. and recently opened an office in Fort Lauderdale. Dr. Luscombe married Donald McLeod, a Miami architect, in June 1980.

THE PROFESSIONAL

*A love of learning induced a member of
the Class of '81 to pursue three
ambitious careers*



Engineer, lawyer, physician, Bruce Hart, M.D. '81

Individuals select or fall into careers for a variety of reasons. Bruce Hart, Esq., M.D., '81, first realized his medical aspirations as a company commander serving in Viet Nam.

"While I was in the service, I decided I was definitely going back to school. I became interested in medicine when I took some of my men to the dust off receiving sites such as DaNang Evacuation Hospital. I watched the doctors and nurses operate in the emergency room and was fascinated by their incredible control and agile functioning under the stress of life and death situations.

After his tour in Viet Nam, however, before applying to medical school, Dr. Hart pursued another, equally ambitious, profession. He studied and earned his degree from Dickinson Law School.

Born in Wilmington, Delaware in 1946, Dr. Hart moved to Newborn, Georgia when he was a year old. He returned to Wilmington when he was eight and attended schools there. In 1964 he entered the University of Delaware where he graduated with a bachelor's degree in electrical engineering.

Following college graduation, he went to work as an electrical engineer for Scott Paper Company. Then in 1969, he went into the U.S. Army and served as an officer for two years. During the year he spent in Viet Nam, Dr. Hart was a First Lieutenant in the the Signal Corps. As a communications officer, he was based in Chu Lai, Phu Bai and Quang Tri Province.

When he returned to the States after his military service, Dr. Hart was determined to go to a professional school. He wanted to pursue a career in medicine. However, at the same time, he had an intense inclination toward the law and was attracted by the professional skills a lawyer cultivates such as adeptness at reasoning and verbalizing.

Since he did not have a pre-med background and felt his college grades were not outstanding enough to gain acceptance at the caliber medical school he aspired to attend, he contemplated applying first to law schools. Dr. Hart's ambitions were encouraged by a close friend, formerly a District Attorney and now in private practice in Wilming-

ton, who was attending law school at the University of Virginia.

Dr. Hart explains, "I was interested in the law because I ascertained with my engineering background I could practice patent law, involving the sciences.

Following graduation from Dickinson in 1975, he became a member of the Pennsylvania Bar, the Supreme Court of Pennsylvania and all the lower courts. Next, he became a member of the patent bar in Washington, D.C.

Dr. Hart emphasizes, "While I was in law school, I never lost interest in medicine. During my second year, I studied MCAT books, as well as physics, anatomy, biology and organic chemistry texts. I also took a law and medicine course my senior year. Physicians instructed us in the basic sciences and applicable points of law in torts, malpractice, informed consent and other facets of legal medicine."

Dr. Hart worked for Scott Paper Company as a patent attorney after law school. At night, he took the pre-med courses he needed at the University of Pennsylvania. Concurrently, he enrolled in a program offered by the Southern Illinois University at Dover Air Force Base in Delaware and earned his MBA degree by attending classes on Fridays, Saturdays and Sundays every third weekend for two years.

"Jefferson has a reputation for being excellent clinically and that appealed to me. I was also captivated by the remarkable history of Jefferson. I read extensively about 'The Gross Clinic.' The College's past is brimming with notable people and events."

While a Jefferson student, Dr. Hart was an active member of the Admissions Committee from 1978 through 1981. In addition, he contributed several poems to the campus literary magazine, *Aeros*.

Though he enjoys many pastimes such as reading science fiction and other novels and playing the violin and trumpet, acquiring knowledge is his primary interest. "I like to learn things. That's my hobby. When I was in Viet Nam, I was sitting on a hill one day all alone with plenty of time to think, and I asked myself, 'What do you want to do with the

rest of your life, if you have one?' I realized that I like to learn and decided to direct my life in pursuit of ideas and knowledge," he summarizes.

He adds, "In medicine there is always something new. This is also true in the law. However, medicine is almost completely science oriented, and even when I was practicing law, I was involved in patents which are related to science.

Asked to describe the most memorable aspects of his Jefferson experience, Dr. Hart expounds, "I remember the professors. As one who loves to learn, the ones I remember most are those who love to teach. There are many professors here who love to teach."

He says, "I vividly recollect Dr. Schaedler (Professor and Chairman '53) in microbiology who gave us our first wholly clinical presentation of an infectious disease. Dr. Mandle (Professor of Microbiology) indelibly illustrated an example of staphylococcal infection and food poisoning with a fictitious character called Mrs. Jefferson."

He continues, "In anatomy Dr. Johnson (Professor and Chairman) demonstrated the formation of the septum primum of the heart by waving his arms and bowing down in an elaborate 'curtsy of the heart.' Another professor I will remember is Dr. Vernick (Clinical Associate Professor of Surgery '62) who showed us slides of emergency surgery taken during his tours in Viet Nam."

Dr. Hart is serving his residency in internal medicine at Thomas Jefferson University Hospital. Upon completion of his residency, he will spend two years with the National Health Service Corps. His plans for the distant future include private practice, teaching and research.

"I plan to teach law and medicine courses at medical colleges, in particular, courses instructing students how to avoid legal problems while in medical school. In addition, I intend to research informed consent and work on designs for automating substantial portions of it. Automation can possibly be achieved with video tape or computer presentations of a procedure, its significant risks and alternatives," he remarks.

Dr. Hart feels the disclosure of

procedures, risks and alternatives through automation can be beneficial in informed consent because it can save the doctor a great deal of time while providing the patient with detailed information. Further, on a computer, information can be easily updated as new knowledge is obtained.

He is also interested in researching and devising a system structured to help those who are unable to communicate because of a stroke. There is already a device, according to Dr. Hart, which allows a person to communicate simply by blinking his eyes. The device is partially mounted on a pair of eyeglasses and enables the person to focus on a spot of light and letters on a screen. When the person blinks, he is able to spell out words by interrupting the beam of light at appropriate intervals.

Dr. Hart is intrigued by the potential of bio-feedback as a communication tool. "I wonder if people who are unable to communicate by conventional means can learn to control their alpha waves to express their needs," he ponders.

"A bio-feedback helmet can be used to detect a person's alpha waves. These waves may be used to encode or modulate a radio carrier wave that is beamed from a transmitter, attached to the helmet, to a remotely located receiver. The receiver can demodulate the carrier wave and give back the person's alpha waves which can be fed into a logic circuit having suitable sub-routines to carry out useful activities and functions. In a broad sense, the person would be transmitting thoughts to a remote location!"

"There was a man about five years ago who could change the channel of his television set from a remote location by controlling his alpha waves. However, training patients to control their alpha waves may present a major difficulty," he adds.

Though his ideas sound futuristic, we are, after all, only three years away from 1984, and Dr. Hart aims high. Smiling thoughtfully, he concludes, "I believe in making the most of everything. There is something good in everything - even something like Viet Nam."

The Final Case of John H. Watson, M.D.

by Aaron D. Bleznak

It was one of those chilly March nights, only the full moon and the street lamps shedding an eerie glow over the fog-bound city. With my short white jacket providing some small amount of protection from the dampness, I made my way back to my apartment, weary from the long day and a bit anesthetized from a brief respite at the neighborhood pub. Suddenly, I heard a man's voice call out, "Excuse me, young sir. You, yes, excuse me one moment."

It must have been the heavy British accent that pierced the fog both outside and inside my skull and kept me from passing off the stranger as merely one of the neighborhood's many idle alcoholics. I looked at the figure emerging from the darkness of the alley—a hefty, middle-aged man with a ruddy complexion and a walrus mustache, wearing a musty grey tweed suit and carrying a walking stick to compensate for his rather pronounced limp. To any aficionado of Sherlock Holmes, these features recall but one character, whose name and portrait, oddly enough, adorn the pub I had just left. In my sodden state the name burst from my lips, despite the incongruity of the situation. "Dr. Watson?"

"Why yes, old boy. Glad to see that my humble reputation precedes me. Excuse me for the bother, but I have a bit of a problem and, deducing from your attire and that rather voluminous text under your arm that you are a member of the medical profession, I have hopes of soliciting some information from you." He paused to tighten his coat about him as a frigid wind swirled. "Excuse me for being so forward, but do you perhaps have a flat to which we could retire? I have need of a warm fire and a spot of tea to stave off the effects of this dreadful weather."

Ashamed of my ungraciousness, I replied in the affirmative and led the good doctor to my apartment. We walked in silence, my mind swirling with what I recalled of John H. Watson, M.D.: an army surgeon, his leg injured in the Afghanistan campaigns; later a GP in and about London; roommate, companion, and

chronicler of the great deductive reasoner and consulting detective, Sherlock Holmes. By the time we had scaled the four flights to my apartment, my mind was somewhat clearer. After providing Dr. Watson with some tea, I sat down across from him prepared with many a question, but he beat me to the punch.

"Rather a nice flat you have here, Dr. Bleznak." Seeing my surprised expression, as I had yet to introduce myself, he hastened to explain. "Some of Holmes' deductive abilities have rubbed off on me. I saw the name tag pinned to your jacket. However, I must confess that I was quite surprised at the absence of a shingle outside your door. How do you attract any business?"

Preferring to allow Watson to think of me as a physician and not just a student, lest he take his case elsewhere, I replied "In 1980, Doctor, we have separate homes and offices. I see no patients here."

"I see," he murmured, with a disapproving stare. "Doesn't that place a barrier of some sort between you and the patient? Well, never mind," he shushed me with a wave of his hand. "I suppose times change."

"Excuse me for a moment, Doctor," I interjected. "I am confused by your presence here...in 1980, I mean. It seems impossible."

"My boy, let us apply one of Holmes's principles. First, pinch yourself to ascertain if you are awake. Good. Now, I trust you are neither inebriated nor drugged?"

I shook my head no.

"Excellent," he continued. "Now, please come here and touch me. You note that I am solid, and thus neither an illusion nor a hallucination. And you see my name on this hat brim. Therefore, when you have exhausted all possible explanations, you must accept the impossible ones. I am here." He paused. "Now, may I discuss my problem?"

"Certainly, Dr. Watson."

"You see, old boy, back in my day I developed symptoms of some peculiar sort of disease. I could find no mention of it in the literature, and no one of my colleagues could make anything of it. I suffered with the sickness until the opportunity to

"The Final Case of John H. Watson, M.D., was the winning entry in The New Physician's annual manuscript contest. Mr. Bleznak is a junior medical student at Jefferson. Reprinted through the courtesy of The New Physician.

visit this time presented itself, and I seized upon it.

"Upon my arrival here," he continued, "I solicited advice as to where I should go for health care. I first asked a young woman, who directed me to the office of her, I believe the word was, chiropractor, whom she promised would clear up my problems simply by manipulating my spine. This seemed rather too simple to me, so I stopped another passer-by, a young man with frightfully long hair. He advised me to employ vitamins and holistic medicine. Not comprehending his meaning, I tried again, questioning two well-dressed businessmen. They, finally, recommended physicians, but could not decide between one man's gastroenterologist and the other's cardiologist. By this time, I was intrigued by the variety of responses, and I continued to solicit opinions from a wide selection of people. While many prescribed a number of types of M.D.s, I also received numerous promises of relief should I visit nurse practitioners, podiatrists, psychologists, evangelists, and apostles for the "Feel-Good" movement. I must admit, my dear Dr. Bleznak, that the fragmentation of your profession has me confused."

"Why not just tell me the problem?" I replied, and the good doctor proceeded to rattle off a bewildering array of symptoms suggesting an obscure, multisystem disease, the likes of which even my medical school Path course had not discussed. When he had completed his discourse, I checked his eyes and ears, listened to his heart, and banged his patella ligament, all just for effect.

"I'm afraid, Doctor, that I cannot help you." Falling back on the excuse of modern medicine, I hastened to add, "This just isn't in my area of specialization. But in a few hours it will be morning, and I will arrange for you to be seen by the Chief of Obscure Diseases at our hospital."

While we walked to the hospital, Watson pressed me for the reasons behind the amount of specialization in our field and the existence of numerous alternatives to the M.D. I explained that the high degree of

technology and the vast array of knowledge involved in the study and practice of modern medicine made it impossible for any one physician to comprehend or utilize more than a fragment of the field.

It was more difficult to convey to him the reasons for so many people's dissatisfaction with medicine, as evidenced by their preference for alternate forms of health care. The good doctor refused to accept the excuse that people look elsewhere because medicine does not have all the answers. He claimed, "Medicine has always had limitations, but we physicians can offer quality care to even incurable patients by . . ."

He never got a chance to finish his remarks, for we had reached the hospital. I left him at the door to an office with a sign that read: P.J. Moriarty, M.D., Doctor of Obscure Diseases.

Several hours later I came across the good doctor sitting alone in a small park between the hospital and my apartment. He seemed to be quite immersed in speculation, so I sat next to him and waited for him to speak.

"You know, old boy," he began. "I have seen a great deal today. Much of it was marvelous—the astonishing new technology you possess for ascertaining the status of various bodily parts and the facilities for health care. During the tests I underwent, I wondered why so many of your people ignore this avenue of health care. While it seems a trifle impersonal at times, it far exceeds the capabilities of the medicine my age practiced."

Before I had a chance to remark upon his statements, he continued in a more downcast tone. "But the failing of your system became obvious after the tests were concluded. I anticipated a moment or two of relaxation before my examination and consultation with Dr. Moriarty, but no sooner had I settled myself than a receptionist descended upon me with a sheaf of forms to be completed. I glanced over the questions and, noting their content, asked the young lady if it would not be redundant for me to fill out the forms, since the doctor would most assuredly garner the same information during the history. She looked

at me as though she thought me a savage, and tartly replied that the doctor has no time for such foolishness."

I broke in, "Well, it is true that modern physicians are very busy. Their patient load is . . ."

Watson ignored me. "After roughly 45 minutes of that ridiculous exercise, I was ushered into an examining room, where I waited another half hour. When the door opened I expected to finally meet Dr. Moriarty, but instead encountered a young colleague of his, who proceeded to give a rather cursory physical.

"Finally, I was hurried into a rather large office with two entrances. Two of the walls were lined with a medical texts, and on a third hung an assortment of diplomas and certificates of achievement. Behind an expansive oaken desk, framed by two pillars of manila folders stuffed with different colored papers, was Dr. Moriarty. He neglected to shake my hand or offer me a seat and proceeded to ignore me for a good seven minutes while he perused my file. He then turned to me, rattled off a series of pointed questions pertaining the exact locations and severity of my various symptoms, pronounced his diagnosis of an unpronounceable disorder which, while not curable, could be controlled by certain drugs, and asked if I had any questions. When I voiced my curiosity as to the pathogenesis and precipitating factors of the ailment, he smiled faintly and sidestepped my queries with the alacrity of a polished politician. He then referred me to his secretary who was to provide me with the proper prescriptions and my bill. As I left the room, both bewildered and frustrated I assure you, I noticed another patient being shown in through the second door."

When he had finished his tirade, I defended, albeit meekly, my chosen profession. "But, Dr. Watson, this scene is reminiscent of one of Holmes's consultations at 221 B Baker St., is it not? The detective sitting with the evidence spread before him, asking a minimum of direct questions, deducing the problem, and pronouncing the solution. Dr. Moriarty is a fine reasoner."

Watson turned a half-pitying look on me, as though wondering what I had been taught in medical college. "My dear Dr. Bleznak, you are, I know, an avid reader of my works. Please relate to me the characteristics I attributed to Mr. Holmes."

I complied with this curious request, ending with "and you often noted what a great actor, scientist, musician, and boxer those various fields lost when Holmes chose detective work as his profession."

"Very well done," the good doctor replied. "And you will please note that I never once mentioned what a great physician medicine had lost, despite Sherlock's tremendous observatory and deductive skills. The reason is this: Homes looked at his clients as crimes to be solved, not as individuals with problems. And when your Dr. Moriarty consulted with me, he saw not a suffering man, but rather a disease to be cured or controlled. A physician, at least in my era, needed qualities other than those possessed by detectives; he required compassion, emotion and gentleness, qualities that both Holmes and your physicians appear to lack. If the disease or ailment cannot be cured or pal-leated, modern medicine has little or nothing to offer to his patients. And that, my boy, is why so many of your people seek alternatives to modern medicine, despite all of your knowledge and technology."

With that, the good doctor wished me luck and announced his intentions to return to his own time in order to finish his work and receive the ministrations he needed. But before he turned to go, he cautioned me, "Remember, my friend, that while a good physician should be a detective of sorts, even an excellent detective lacks many qualities needed by a good physician."

And with that remark, he left me to ponder his words.

I awoke with a start, the *Complete Sherlock Holmes* weighing heavily on my chest. I glanced at the clock and, realizing the time, began grumbling to myself about another long day of rounds, seeing goners and goners and patients with problems that I could never solve. And then, I began to remember my dream . . .

David P. Mayer, 7 Beacon Hill Ln., Phoenixville, Pa., finished serving a radiology residency at Temple University in June and began a fellowship in ultrasound and body computerized tomography at the University of Pennsylvania in July.

Geno J. Merli, 636 Pomona Ave., Haddonfield, N.J., is Clinical Assistant Professor of Medicine at Jefferson.

William M. Mirenda, Jr., 422 Dudley Ave., Narberth, Pa., married Mary Eve Zanguri this spring. Dr. Mirenda finished his residency in orthopaedic surgery at Jefferson in June. He will be serving a fellowship in pediatric orthopaedics in Germany and England this year. After his fellowship, he plans to join the Roanoke Orthopaedic Clinic in Roanoke, Virginia.

Donald L. Myers, 1500 Locust St., Apt. 3212, Philadelphia, completed his residency in neurosurgery at Jefferson. Dr. Myers is presently on the staff of Thomas Jefferson University Hospital and is an Instructor in the Department of Neurosurgery.

Randall E. Pitone, 120 23rd Ave. N., St. Petersburg, Fl., is in the private practice of adult psychiatry.

John P. Rogers, 15 Spruce Ave., Plains, Pa., recently received the King's College Page Out of the Past Award, given annually to an outstanding graduate who excelled in athletics at the college and went on to make a mark in the community. Dr. Rogers is in practice with the Pediatrics Association of Kingstons.

John M. Rominger has opened an office for the practice of gastroenterology at 600 Ivy Street, Elmira, New York. Dr. Rominger and his wife, Maryelen, have three sons and live in Elmira.

Arthur Sitelman, 3851 Reading Rd., Cincinnati, Oh., passed the anatomic and clinical pathology Boards in the Spring of 1980. Dr. Sitelman is Associate Pathologist at St. Elizabeth Medical Center in Covington and Edgewood, Kentucky. He also serves on the Medical Advisory Board of Hoxworth Blood Center in Cincinnati.

Irena O. Stolar, 5421 Golfview Dr., Wilmington, De., was recently appointed an Instructor of Medicine at Jefferson.

Bradley Wong, 3783 Lurline Dr., Honolulu, and his wife Gwendolyn, announce the birth of their daughter, Carly Shiuling, on April 18. Dr. Wong recently was certified as a Diplomate of the American Board of Surgery and is a member of the Faculty of the University of Hawaii

School of Medicine. He also is an Assistant Director of Surgical Education at the Queen's Medical Center, an affiliate of the University of Hawaii School of Medicine.

Victor L. Woo, 8946 Cliffridge Ave., La Jolla, Ca., is an Assistant Clinical Professor of Radiology at the University of California, San Diego, and Director of Diagnostic Ultrasound at Sharp Memorial Hospital.

1976

Richard C. Cherkis, Captain U.S. Army, USAMEDDAC, Nurnberg, Germany, and his wife announce the birth of their first child, Llanah Leigh, in February. Dr. Cherkis is stationed in Nurnberg for two years.

Paul J. Hoyer, 1206 Rodman St., Philadelphia, has been appointed Instructor of Pathology at Jefferson.

Kurtis D. Jens, 818 N. Thornton, Aberdeen, Wa. and his wife, Nora, announce the birth of David Erling in September. The Jens also have a daughter, Katherine Ann. Dr. Jens will become Medical Director of the Lancaster Guidance Center, Lancaster, Pennsylvania, in August.

Kathy Tavia Kline, 198 E. Plumstead Ave., Lansdowne, Pa., announces the birth of a son, Louis, in October 1980.

Frederic B. Kremer, 156 Conshohocken State Rd., Bala Cynwyd, Pa., was appointed Instructor in the Department of Ophthalmology at Jefferson.

Kathleen A. Kucer, 9 Tiffany Dr., Perkasio, Pa., was recently certified by the American Board of Dermatology. Dr. Kucer is a member of the Grand View Hospital medical staff and has a practice in Sellersville, Pennsylvania.

Ivor F. Lewis, 602 Picnic Ln., Selinsgrove, Pa., was elected Vice President of the Board of Directors of the Susquehanna Valley Health Care Consortium. Dr. Lewis is on the staff of the Sunbury Community Hospital.

Paul R. Long, 116 Haverford Rd., Wilkes-Barre, Pa., joined the Geisinger Medical Group-Wilkes-Barre as a dermatologist in January 1981.

Robert G. McCairns, Jr., 1046 Granite St., Philadelphia, will complete his surgical residency at Jefferson and begin serving a residency in cardiothoracic surgery in July at the University of Pittsburgh under Dr. Henry Bahnson.

Philip Nimoityn, 269 S. 9th St., Philadelphia, has been appointed an Instructor in

the Department of Medicine at Jefferson.

David A. Olson, 1100 Howe Ave., #503, Sacramento, Ca., married Sandra Kay Lindgren in March. Dr. Olson is in the private practice of internal medicine in Oakdale, California.

Johannes D. Weltn, 243 Washington Ave., Kingston, N.Y., is Assistant Director of Student Health at the State University of New York, New Paltz. Dr. Weltn is also on the clinical faculty of New York Medical College and precepts in the Kingston Hospital Family Practice Residency Program. His wife, Bonnie, is a painter. The Weltins' son, David, turned two in June.

Robert S. Zibelman, 158 Marc Ln., Huntingdon Valley, Pa., was recently appointed Instructor in the Department of Psychiatry and Human Behavior at Jefferson.

1977

Cynthia B. Altman, 1205 Weymouth Rd., Philadelphia, has been appointed Instructor in the Department of Psychiatry and Human Behavior at Jefferson. Dr. Altman is Associate Director of Clinical Investigation at Smith Kline Corporation.

Leigh Baltuch, 92-913 Welo St., Makakilo, Hi., writes, "After enjoying a year on a ship in the Pacific and two years in Hawaii, I will be starting a three year residency in internal medicine at Naval Regional Medical Center, Portsmouth, Virginia. East Coast here I come!"

Sarah C. Brown, 5 Llanalew, 100 Llanalew Rd., Haverford, Pa., is Board Certified in family medicine and is a part time teaching assistant at Bryn Mawr Hospital. Dr. Brown and her husband had their first son, Jay, in October 1980.

Thomas J. Campfield, 5668 Saranac Dr., Columbus, Oh., married Deborah G. Wenger on December 6, 1980.

John A. Ferriss, III, 24 Laurel Point Dr., Oakdale, Ct., married Dr. Mary E. Maloney, a resident in dermatology at Dartmouth-Hitchcock Hospital, Hanover, New Hampshire, in June. Dr. Ferriss is a lieutenant in the medical corps of the U.S. Navy.

Richard A. Flanagan, Jr., 504 221st St. SW, Bothell, Wa., and his wife, Debbie, a 1977 graduate of Thomas Jefferson University's nursing program, expect their third child in July. Dr. Flanagan visited with classmates **Alanna and William Bodestab** in San Diego in February.

Anees R. Fogley, 802 Jefferson Ave., Scranton Pa., recently met the certification requirements of the American Board of Internal Medicine. Dr. Fogley has a practice in Scranton and is a clinical instructor of the Scranton-Temple residence program. He is also Co-Director of the Mercy Hospital Primary Care Center.

Jay M. Ginsberg, 3595 Post Rd., Warwick, R.I., passed his internal medicine Boards last September. Dr. Ginsberg will soon be completing a fellowship in nephrology at Brown University and hopes to find a full time position in nephrology.

Jan S. Glowacki, 561 River Rd., Fair Haven, N.J., and his wife, Denise, announce the birth of their first child, John Chester, on August 17, 1980. Dr. Glowacki is a Diplomate of the American Board of Internal Medicine.

R. Bradley Hayward, 855 Old Lancaster Rd., Bryn Mawr, Pa., will begin his fifth year of general surgery residency and his wife, **Catherine Z. Hayward**, 79, will begin her third year of general surgery residency at Bryn Mawr Hospital in July. The Haywards recently vacationed with **A. Storm L. Elston** and his wife, **Jan E. Elston**, both class of 1979.

1978

Richard P. Abramowitz, Hagy's Ford Rd., Narberth, Pa., completed a residency in internal medicine at the University of Cincinnati Medical Center in June and began a fellowship in cardiology at Jefferson in July.

Katherine C. Krause, 1123 Woodburn Rd., Durham, N.C., is Chief Resident in family medicine at Duke and is on the Advisory Committee on Undergraduate Evaluation for the National Board of Medical Examiners. Dr. Krause will be a Kellogg Teaching Fellow at Duke next year.

Richard J. Lazar, 1000 J. Mickley Run Apts., Whitehall, Pa., will finish his family practice residency at Sacred Heart Hospital in Allentown and will be opening an office in Duryea, Pennsylvania. Dr. Lazar and his wife are happy to announce the birth of their daughter, Melissa Ann, on January 5, 1980.

Robert H. Peters III, 1318 Wilson St., McKeesport, Pa., and his wife announce the birth of their son, Robert. They also have two daughters. Dr. Peters will soon finish his residency in internal medicine and begin a Fellowship in gastroenterology at Letterman Hospital, San Francisco.

Patricia Harper Petrozza, 5737 Richardson Mews Sq., Relay, Md., expects to be out of the navy by July 1981 and plans to start a residency in anesthesiology at the University of Maryland.

1979

Richard S. Blumberg, 445 E. 68th St., New York, is serving a fellowship in infectious diseases at the Massachusetts General Hospital.

Theodore J. Burdumy, 3922 Tivoli Ave., Los Angeles, is Resident Supervisor in the Department of Anesthesiology at the U.C.L.A. Medical Center. Dr. Burdumy completed an internal medicine internship at Los Angeles County - University of Southern California Medical Center in 1980.

Philip J. Dzwonczyk, 10 Fernleigh Dr., Cooperstown, N.Y., and his wife, Andrea, had their first child, a daughter, Larisa, on July 19, 1980. Dr. Dzwonczyk is in his second year of a medical residency at the Mary Imogene Basset Hospital in Cooperstown.

Douglas R. Hough, 9895 Adams St., Fort Lewis, Wa., and his wife are happy to announce the birth of their first child, Scott Douglas, on October 25, 1979.

Thomas J. Marshall, Jr., 829 Waterview Pl., Virginia Beach, Va., is presently the General Medical Officer aboard the nuclear powered aircraft carrier USS Nimitz. Dr. Marshall married Kathleen R. Marx of Portland, Oregon, in January. Dr. Marshall will resume his residency in general surgery at Naval Regional Medical Center in Portsmouth, Virginia, in August 1981.

1980

Willis S. Boyd, Saint Elizabeth Hospital, 1044 Belmont Ave., Youngstown, Oh., is engaged to Kim Lea Dickson, a student in the pharmacy program at the University of Pittsburgh.

Martin J. Carney, Rhode Island Hospital, 593 Eddy St., Providence, R.I., writes that his sister, Mary D. Carney, will attend Jefferson next fall.

Mark D. Chilton, 1014 Spruce St., Philadelphia, married Sharon Marie Miller, a member of the 1979 class of Thomas Jefferson University School of Nursing. Dr. Chilton is a surgical resident and his wife is an operating room nurse at Jefferson.

Barbara G. Frieman, 855 Old Lancaster Rd., Bryn Mawr, Pa., and her husband, James, announce the birth of a baby boy, Austin Wyatt, on October 24, 1980.

Class of 1981 Hospital Appointments

Friday, March 13 was Match Day at Jefferson. It is on this day each year that the seniors find out where they will spend the coming months in post graduate education. During 1980-1981, 106 of 199 participating students received their first choices and 39 received their second choices. This represents 75% of those students involved, a very high proportion. The selection of specialties by these students by percentage is internal medicine 38.2%, surgery 16%, family medicine 15%, flexible 8%, obstetrics and gynecology 6%, diagnostic radiology 5.2%, pediatrics 4%, anesthesiology 2.6%, psychiatry 1.6%, orthopaedics 1%, pathology 1%. This list of the class of 1981 with their hospital appointments follows: (Alpha Omega Alpha members are noted)

Kelly J. Acton Albert Einstein Medical Center Philadelphia	Charles L. Bryner, Jr. U.S. Naval Regional Medical Center Camp Pendleton, CA	Philadelphia
Jonathan D. Adams Williamsport Hospital Williamsport, PA	Kenneth A. Buckwalter University of Chicago Hospital Chicago	Lee M. Dennis Wilmington Medical Center Wilmington, DE
Roger A. Allcroft Roanoke Memorial Hospital Roanoke, VA	Michael R. Cairns (AOA) Pennsylvania Hospital Philadelphia	Rudolph T. DePersia, Jr. Thomas Jefferson University Hospital
Jeffrey A. Amer Bronx Municipal Hospital Center Bronx, NY	Stephen C. Campanella Duke University Medical Center Durham, NC	Christine Desjardins (AOA) New England Deaconess Hospital Boston
John D. Angstadt Thomas Jefferson University Hospital	Sophia Chan Graduate Hospital Philadelphia	Daniel L. Diehl Lancaster General Hospital Lancaster, PA
Alfred E. Bacon, III Lankenau Hospital Philadelphia	George R. Coar Scranton-Temple Residency Program Scranton, PA	Donald A. DiIenno Monmouth Medical Center Long Branch, NJ
Frederick H. Bartlett, III St. Barnabas Medical Center Livingston, NJ	Richard A. Cook Latrobe Area Hospital Latrobe, PA	Ralph R. DiMattia Spokane Internal Medicine Program Spokane, WA
David M. Bercaw Wilmington Medical Center Wilmington, DE	Lawrence M. Correnti Dwight D. Eisenhower Army Medical Center Fort Gordon, GA	Frank R. DonDiego, Jr. Cleveland Metropolitan General Highland View Hospital Cleveland, OH
Daniel T. Biles New England Medical Center Hospital Boston	Arnold J. Cramer Abington Memorial Hospital Abington, PA	Paul D. Eckenbrecht Thomas Jefferson University Hospital
James B. Billys Duke University Medical Center Durham, NC	Jill S. Crollick Cooper Medical Center Camden, NJ	G. Mitchell Edmondson Cincinnati General Hospital Cincinnati, OH
Peter E. Bippart (AOA) The New York Hospital New York	Victor A. Crosby, II Eugene Talmadge Memorial Hospital Augusta, GA	David J. Ellis Highland General Hospital Oakland, CA
James W. Blasetto Wilmington Medical Center Wilmington, DE	Linda M. D'Andrea Thomas Jefferson University Hospital	Donald L. Emery (AOA) New England Deaconess Hospital Boston
David A. Boerner Grady Memorial Hospital Atlanta	Francis P. Day Allentown Affiliated Hospitals Allentown, PA	Terry Ann Estner Thomas Jefferson University Hospital
Scott A. Brenman Pennsylvania Hospital Philadelphia	Thomas S. DeGroat Albert Einstein Medical Center	Andrew A. Farkas York Hospital York, PA
		Richard G. Feduska Western Pennsylvania Hospital Pittsburgh

Brad Feldstein (AOA)
St. Christopher's Hospital for Children
Philadelphia

Gary E. Fink
Albert Einstein Medical Center
Philadelphia

Robert K. Finley, III
Geisinger Medical Center
Danville, PA

Donn S. Fishbein
Georgetown University Hospital
Washington, DC

Judith H. Fluellen
Presbyterian-University of
Pennsylvania Medical Center
Philadelphia

Edward K. Fraser
Sacred Heart Hospital
Allentown, PA

Glenn C. Freas
Hospital of Medical College
of Pennsylvania
Philadelphia

Steven P. Frei (AOA)
Sacred Heart Hospital
Allentown, PA

Hervey W. Froehlich, Jr.
Lancaster General Hospital
Lancaster, PA

Randall M. Fulchiero (AOA)
Univ. of Virginia Medical Center
Charlottesville, VA

Stephen P. Gadowski
Albert Einstein Medical Center
Philadelphia

Steven J. Gamburg
Abington Memorial Hospital
Abington, PA

Paul R. Garrett
Reading Hospital
Reading, PA

Anthony A. Gaspari
Geisinger Medical Center
Danville, PA

Diane R. Gillum

Thomas Jefferson University Hospital

Philip B. Gilman
Maimonides Medical Center
Brooklyn, NY

Ina M. Gilmore
Robert Packer Hospital
Sayre, PA

David N. Gingrich (AOA)
Wilmington Medical Center
Wilmington, DE

A. Guy Giordano
Brookdale Hospital Medical Center
Brooklyn, NY

Stephen R. Goll
Hospital of University of Pennsylvania
Philadelphia

Stuart L. Gordon
Thomas Jefferson University Hospital

Jeanne Olivia L. Grant
Temple University Hospital
Philadelphia

William T. Grizos
Thomas Jefferson University Hospital

Mary J. Guardiani (AOA)
Thomas Jefferson University Hospital

Julius M. Guarino (AOA)
Wilmington Medical Center
Wilmington, DE

Paul Guillard
Allentown Affiliated Hospitals
Allentown, PA

Cynthia L. Gula
Mercy Hospital
Pittsburgh

Jeffrey D. Harner
Milton S. Hershey Medical Center
Hershey, PA

Bruce Hart
Thomas Jefferson University Hospital

Geoffrey A. Hart
Kaiser Foundation Hospital
San Francisco

Richard R. Heckert
Wilmington Medical Center
Wilmington, DE

Vincent P. Herbst
Presbyterian-University of
Pennsylvania Medical Center
Philadelphia

Wayne C. Herrick
Wilmington Medical Center
Wilmington, DE

David G. Hershberger
The Washington Hospital
Washington, PA

David A. High
Abington Memorial Hospital
Abington, PA

W. Douglas B. Hiller
Pennsylvania Hospital
Philadelphia

Raymond W. Hillyard, Jr.
Eastern Virginia Graduate School
of Medicine
Norfolk, VA

Jamie L. Hoffman
Bronx Municipal Hospital Center
Bronx, NY

Renwick C. Hood
Georgia Baptist Medical Center
Atlanta

Benjamin T. Hopkins (AOA)
Hospital of University of Pennsylvania
Philadelphia

Stephen D. Hulkower
Thomas Jefferson University Hospital

Mark R. Hurtt
Thomas Jefferson University Hospital

Edward H. Illions
Albert Einstein Medical Center
Philadelphia

Mark J. Ingerman
Lankenau Hospital
Philadelphia

Raymond M. Ishman
Geisinger Medical Center
Danville, PA

Gregory M. Jack
Sacred Heart Medical Center
Spokane, WA



The faculty procession at Jefferson's 157th Commencement



The class of 1981 enters the Academy of Music for graduation



Champagne and carriages for new doctors of medicine (from left) Eli Saleeby, Richard Rybarczyk, Mark Rubin and John McWeeney.

Karen A. Johnson
Georgetown University Hospital
Washington, DC

Andrea G. Jordan (AOA)
Dartmouth-Hitchcock Medical Center
Hanover, NH

Marshall C. Jordan (AOA)
Baystate Medical Center
Springfield, MA

James K. Katz
Strong Memorial Hospital
Rochester, NY

David N. Kenagy
U.S. Air Force Medical Center
Wright-Patterson AFB, OH

Geoge W. Kennedy
Wilmington Medical Center
Wilmington, DE

Scott M. Kennedy
San Joaquin General Hospital
Stockton, CA

Robert R. Kester
U.S. Public Health Service Hospital
Staten Island, NY

Jodi Ann Kirschbaum (AOA)
North Shore University Hospital
Manhasset, NY

William D. Kocher
Thomas Jefferson University Hospital

James D. Kolker
Roger Williams General Hospital
Providence, RI

Michael J. Korman (AOA)
Thomas Jefferson University Hospital

Scott H. Korn (AOA)
Hartford Hospital
Hartford, CT

Donald L. Kramer
Chestnut Hill Hospital

Philadelphia

Marc M. Kress
Abington Memorial Hospital
Abington, PA

Mark S. Kruger
Akron General Medical Center
Akron, OH

Gregory A. Kujala
Wilmington Medical Center
Wilmington, DE

David J. Kuranda
The Buffalo General Hospital
Buffalo, NY

Dolores B. Labota
Allegheny General Hospital
Pittsburgh

Kim D. Lamon
Thomas Jefferson University Hospital

Gordon M. Langston
Brigham and Women's Hospital
Boston

Jay E. Lasner (AOA)
U.S. Naval Regional Medical Center
San Diego

Samuel S. Laucks, II
York Hospital
York, PA

Stephen J. Lawless
Wilmington Medical Center
Wilmington, DE

Scott R. Lawson
University of Hawaii Integ. Res. Prog.
Honolulu

Bradley W. Layton
Charles S. Wilson Memorial Hospital
Johnson City, NY

Matthew H. Lehman
U.S. Air Force Medical Center
Wright-Patterson AFB, OH

Pamela L. Leib
Thomas Jefferson University Hospital

John P. Leicht
Allegheny General Hospital
Pittsburgh

Helen B. Lerner
Wilmington Medical Center
Wilmington, DE

Eric W. Longenbach (AOA)
Williamsport Hospital
Williamsport, PA

Harold Mandel
Thomas Jefferson University Hospital

Robert J. Mann
Albert Einstein Medical Center
Philadelphia

David M. Mannino, III
Lankenau Hospital
Philadelphia

Kevin A. Mansmann
Institute of Experimental Surgery
Davos, Switzerland

Stephen C. Marcum
Washington Hospital Center
Washington, DC

John R. Martell, Jr.
William Beaumont Army
Medical Center
El Paso, TX

Harry O. Mateer, Jr.
Reading Hospital
Reading, PA

Fredric J. Matlin
Mercy Hospital
Pittsburgh

Martha S. Matthews
Thomas Jefferson University Hospital

Roy C. Maynard (AOA)
University of Minnesota Hospitals
Minneapolis

Malcolm L. McAninch (AOA)
Good Samaritan Hospital
Portland, OR

Michael D. McCloskey
Akron City Hospital
Akron, OH

Violet J. McKee
Univ. of California Davis
Medical Center
Sacramento, CA

James M. McWeeney
Wilmington Medical Center
Wilmington, DE

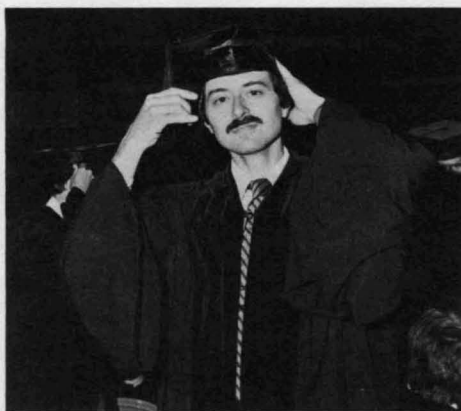
Ann L. Mihalick
Lancaster General Hospital
Lancaster, PA

Matthew C. Miller
Hahnemann Medical College and
Hospital
Philadelphia

Robert J. Mirabile
Hahnemann Medical College
and Hospital
Philadelphia

Francis P. Mohan

U.S. Naval Regional Medical Center
Jacksonville, FL
Dennis T. Monteiro
Graduate Hospital
Philadelphia
Kathryn E. Morris
Chestnut Hill Hospital
Philadelphia
Steven R. Myrick
U.S. Naval Regional Medical Center
Oakland, CA
Paul M. Newell
Mercy Hospital
Pittsburgh
Michael P. O'Leary (AOA)
Wilmington Medical Center
Wilmington, DE
Thomas F. O'Malley, Jr.
Thomas Jefferson University Hospital
Victor G. Onufrey
Thomas Jefferson University Hospital
Eun Chan S. Pai
Wilmington Medical Center
Wilmington, DE
Seth B. Paul
Mount Sinai Hospital
New York
Simon P. Pennings
Roanoke Memorial Hospital
Roanoke, VA
Hilary Anne Perr
Medical College of Virginia
Richmond, VA
Johna H. Peters
Wilmington Medical Center
Wilmington, DE
Albert H. Peterson
William Beaumont Hospital
Royal Oak, MI
Cynthia M. Pronko
York Hospital
York, PA
John S. Radomski (AOA)
Thomas Jefferson University Hospital
Deborah A. Ranish
St. Vincent's Health Center
Erie, PA
Michael S. Remetz (AOA)
Yale-New Haven Medical Center
New Haven, CT
Mark L. Repka
Walter Reed Army Medical Center
Silver Spring, MD
Barry D. Rinker (AOA)
New England Deaconess
Boston
Michael H. Rittenberg
Thomas Jefferson University Hospital
Stephen S.G. Robb
Sacred Heart Hospital
Allentown, PA
Francis M. Rommel
Geisinger Medical Center
Danville, PA
Anne L. Rosenberg (AOA)
Thomas Jefferson University Hospital
Jerome H. Rosenstein
St. Francis General Hospital



John S. Radomski, M.D., winner of the Alumni Prize for the highest cumulative average for four years.



Maureen Lawlor Yelovich, M.D., sister of Robert J. Lawlor, M.D. '77 and wife of Richard Yelovich M.D. '81.

Osler's Art in 1981

What characterizes a great physician? Sir William Osler when asked that same question replied, "The Art of Detachment, The Virtue of Method and the Quality of Thoroughness are necessary to be a successful practitioner of the Art of Medicine."

The Art of Detachment is summarized by the term objective. A physician needs to be objective, needs to separate the emotions he feels to be able to study his patients and find the answers he seeks.

The Virtue of Method. I've often been told that good medicine is good habits. Conducting diagnostic studies in an orderly and logical fashion you miss little.

The Quality of Thoroughness goes hand in hand with the Virtue of Method. Webster defines thoroughness as complete in all respects. The physician must be painstaking and exhaustive in his search for clues which will enable him to accurately interpret his patients symptoms.

It is these three qualities which will enable us to become successful physicians. To a certain degree these qualities can be learned and developed. However Osler also mentioned one other quality which he said was possessed by all truly great physicians, and that quality he called the Grace of Humility. In my brief experience I have found few professions to be as humbling as medicine. Just when we have the disease arrested, the acute process stabilized that's when the tables turn. The physician who realizes the limitations of his knowledge and of the present state of our art does his patients the greatest service.

A closer look at Osler's four qualities shows that they can be easily divided. The first three, the Art of Detachment, the Virtue of Method and the Quality of Thoroughness are characteristics of a great mind. They require mental discipline. Equally important is the Grace of Humility which comes from the heart. So on the eve of our graduation I wish for you a great mind and a big heart.

Excerpts, banquet presentation for the class of 1981 by John D. Angstadt, M.D.

- Pittsburgh
Christopher J. Rosko
 Letterman Army Medical Center
 San Francisco
- Terence C. Ross**
 William Beaumont Army
 Medical Center
 El Paso, TX
- Marianne S. Rothstein**
 Los Angeles County
 Univ. of So. Calif. Medical Center
 Los Angeles
- Mark G. Rubin**
 Alton Ochsner Medical Foundation
 New Orleans, LA
- Corey K. Ruth**
 Graduate Hospital
 Philadelphia
- Richard M. Rybarczyk (AOA)**
 U.S. Air Force Medical Center
 San Antonio, TX
- David M. Sack**
 National Naval Medical Center
 Bethesda, MD
- Eli R. Saleeby**
 Jackson Memorial Hospital
 Miami
- Deborah A. Schaudt**
 SUNY Upstate Medical Center
 Syracuse, NY
- Joseph W. Schauer, III**
 Mountainside Hospital
 Montclair, NJ
- John F. Schilling (AOA)**
 Thomas Jefferson University Hospital
- Paul C. Schroy, III**
 North Shore University Hospital
 Manhasset, NY
- Stephen J. Schuster (AOA)**
 Pennsylvania Hospital
 Philadelphia
- Myron L. Sewell**
 Cooper Medical Center
 Camden, NJ
- Jerome A. Sherard**
 Wilmington Medical Center
 Wilmington, DE
- Robert S. Shusman**
 Abington Memorial Hospital
 Abington, PA
- Dolores A. Siegel**
 Wilmington Medical Center
 Wilmington, DE
- John C. Siegle, Jr.**
 York Hospital
 York, PA
- Richard C. Silver**
 Allentown Affiliated Hospitals
 Allentown, PA
- Edward J. Silverman**
 Reading Hospital
 Reading, PA
- John M. Skibber (AOA)**
 New York University Medical Center
 New York
- David C. Slagle**
 Triple Army Medical Center
 Honolulu
- Egredy D. Slick**
 Conemaugh Valley Memorial Hospital
 Johnstown, PA
- John W. Smith, II**
 Thomas Jefferson University Hospital
- Mark Andrew Smith**
 Wilmington Medical Center
 Wilmington, DE
- Russell E. Somers**
 Medical College of Virginia
 Richmond, VA
- Stephen Sorokanich**
 Erie County Medical Center
 Buffalo, NY
- Richard F. Spaide**
 Chestnut Hill Hospital
 Philadelphia
- Leslie S. Squires**
 Thomas Jefferson University Hospital
- Craig L. Stabler (AOA)**
 Abington Memorial Hospital
 Abington, PA
- Mark A. Staffaroni (AOA)**
 Graduate Hospital
 Philadelphia
- Joseph K. Stanilla**
 Abington Memorial Hospital
 Abington, PA
- Allan E. Stiner, Jr.**
 Eastern Virginia Graduate School
 of Medicine
 Norfolk, VA
- Paul A. Suarez**
 Allentown Affiliated Hospitals
 Allentown, PA
- Stephen A. Sudler**
 The Western Pennsylvania Hospital
 Pittsburgh
- Frederick T. Sutter**
 Presbyterian-Univ. of Pa.
 Medical Center
 Philadelphia
- Barbara E. Swan**
 University of Cincinnati Hospital
 Cincinnati, OH
- David M. Swan**
 University of Cincinnati Hospital
 Cincinnati, OH
- Felix K. Tam**
 Los Angeles County
 Univ. of So. Calif. Medical Center
 Los Angeles
- Charles E. Thompson**
 Hospital of St. Raphael
 New Haven, CT
- Warren J. Ventriglia (AOA)**
 Charles F. Kettering Medical Center
 Kettering, OH
- Vincent A. Viscomi**
- Presbyterian-Univ. of Pa.
 Medical Center
 Philadelphia
- Eugene R. Viscusi**
 Bryn Mawr Hospital
 Bryn Mawr, PA
- John E. Wagner, Jr. (AOA)**
 Duke University Medical Center
 Durham, NC
- Diane H. Watts**
 Thomas Jefferson University Hospital
- Ruthellen D. Weeks**
 Mercy Catholic Medical Center
 Philadelphia
- Daniel R. Wehner**
 Charles F. Kettering Medical Center
 Kettering, OH
- John P. Welch**
 Milton S. Hershey Medical Center
 Hershey, PA
- Max L. West**
 Wheeling Hospital
 Wheeling, WV
- Thomas R. Westphal**
 U.S. Naval Regional Medical Center
 Portsmouth, VA
- Preston A. Wigfall**
 Harlem Hospital Center
 New York
- Delores J. Williams**
 Philadelphia
- Ulysses Williams, Jr.**
 Cooper Medical Center
 Camden, NJ
- Thomas S. Wilson**
 West Virginia University Hospital
 Morgantown, WV
- George A. Winch, Jr.**
 Valley Medical Center
 Fresno, CA
- Robert L. Witt**
 University of Hawaii Integ. Res. Prog.
 Honolulu
- Emily Wofford**
 Thomas Jefferson University Hospital
- John J. Woynarowski**
 Mercy Catholic Medical Center
 Philadelphia
- Leon P. Wugofski (AOA)**
 Maine Medical Center
 Portland, ME
- Maureen L. Yelovich**
 Bryn Mawr Hospital
 Bryn Mawr, PA
- Richard M. Yelovich**
 Thomas Jefferson University Hospital
- Elizabeth T. Young**
 Good Samaritan Hospital
 Phoenix, AZ
- Andrej J. Zajac (AOA)**
 SUNY Upstate Medical Center
 Syracuse, NY

Obituaries

School. Dr. Hirshland was a Fellow of the American College of Surgeons and the American College of Obstetricians and Gynecologists. His widow, Helen, survives him.

Charles S. Holman, 1919

Died April 7, 1979. The retired physician was a resident of Scranton, Pennsylvania. His son survives him.

Edward W. Schoenheit, 1920

Died January 17, 1980 at the age of 84. Dr. Schoenheit, an internist, practiced in Asheville, North Carolina.

William McC. Singleton, 1921

Died November 27, 1980. Dr. Singleton was a general practitioner in West Portsmouth, Ohio.

William W. Boone, 1923

Died July 30, 1980 at the age of 82. Dr. Boone, a general practitioner, resided in Durham, North Carolina.

Charles F. Restaino, 1923

Died March 5, 1981. Dr. Restaino practiced general medicine in Newark, New Jersey.

Dale W. Garber, 1924

Died May 25, 1981. Dr. Garber, a general practitioner from Lansdowne, Pennsylvania, was residing in Mt. Joy, Pennsylvania, at the time of his death. He was the recipient in 1979 of the Cornerstone Award at Jefferson in recognition of his dedication to his profession, his compassion to his fellow man and his generosity to Jefferson. Dr. Garber has established the Ellen M. and Dale W. Garber Professorship in Family Medicine at Jefferson. In May of this year Dr. Garber was awarded the 1981 Distinguished Alumnus Award at Lebanon Valley College for similar contributions.

I. Lewis Sandler, 1926

Died April 25, 1981 at the age of 78. Dr. Sandler, a dermatologist, resided in Washington D.C. In addition to his private practice he taught at Georgetown University School of Medicine. Dr. Sandler was a life

member of the American Academy of Dermatology and the Vienna School of Dermatology. His wife, Carita, survives him.

William R. Gelpi, 1927

Died May 11, 1981 at the age of 77. Dr. Gelpi, a surgeon at Tricoche Municipal Hospital and Clinica Doctor Pila in Ponce, Puerto Rico, served as Medical Director for Southern District of Puerto Rico for 23 years. He served as President of the faculty of Clinica Doctor Pila and the Medical Association of Southern Puerto Rico. Dr. Gelpi was a Fellow of the American Society of Abdominal Surgeons and the Industrial Medical Association of America. Surviving are his wife, Isabel, three daughters and a son.

Robert S. Lucas, 1927

Died February 7, 1981 at the age of 80. Dr. Lucas, an internist from Butler, Pennsylvania, served as Chief of Staff of Butler County Memorial Hospital. Active in community affairs he served as a member of the school board there. Dr. Lucas was a member of the American College of Physicians and served as President of the Butler County Medical Society. His wife, Sara, and a daughter survive him.

Roydice Staats, 1928

Died February 5, 1981 at the age of 75. Dr. Staats, a general practitioner in Cairo, West Virginia, until World War II, later served on the medical staff of the Veterans Administration in St. Petersburg, Florida. He retired in 1972. Surviving are his wife, Eva, and a physician son.

Edward T. Lynch, 1931

Died March 23, 1981 at the age of 76. Dr. Lynch was an obstetrician with a life long practice in Elizabeth, New Jersey. Among his many civic involvements was ten years of service on the Board of Education. A daughter, Edwina, survives him.

Melvin W. Thorner, 1932

Died November 7, 1979 at the age of 72. Dr. Thorner was Professor of

Joseph A. Pessolano, 1915

Died October 12, 1979 at the age of 90. The retired surgeon was a resident of Greenwich, Connecticut.

Ray W. Hayworth, 1918

Died April 30, 1981. The retired physician was a resident of Asheville, North Carolina.

Burrus B. McGuire, 1918.

Died October 30, 1980 at the age of 86. The retired physician was residing in Newland, North Carolina.

Harold Hirshland, 1919

Died January 14, 1981. Dr. Hirshland, who resided in Rancho Palos Verdes, California, was a retired Captain in the navy medical corps. He served as Chief of obstetrics and gynecology at County of Los Angeles Rancho Los Amigos Hospital and was an Assistant Clinical Professor at the UCLA Medical

Neurology at the Chicago Medical School, Associate Professor of Neurology, Emeritus, Northwestern University Medical School and Associate Chief of Neurology and Neurological Research at the Veteran's Administration Medical Center in Chicago. He was certified by the American Board of Neurology, Psychiatry and Electroencephalography and was a member of numerous organizations related to his specialty. Dr. Thorner was the author of numerous publications including a textbook "*Psychiatry in General Practice*."

Max Cantor, 1933

Died June 18, 1981 at the age of 71. Dr. Cantor, who had retired from practice last year, was former Chief of Pediatrics at Delaware County Memorial Hospital in suburban Philadelphia. He was a member of the American Academy of Pediatrics. Surviving are his wife, Elsa, and a son.

Robert P. Kemble, 1933

Died February 6, 1981 at the age of 75. Dr. Kemble was Director of the mental hygiene clinic at the Veterans Administration in Leeds, Massachusetts, at the time of his death. He also served as psychiatrist for Mount Holyoke College. Editor of POCA Press, a publication of the Psychiatric Outpatient Centers of America he was a member of the American Academy of Child Psychiatry, the American Psychiatric Association and the American Orthopsychiatric Association. Surviving are his wife, Luella, two daughters and two sons.

Sterling A. Barrett, 1934

Died May 21, 1981. Dr. Barrett, an ear, eye, nose and throat specialist, was a resident of Waterloo, Iowa. He was certified by the American Board of Ophthalmology and was a member of the American Academy of Ophthalmology and Otolaryngology. Dr. Barrett was a former Trustee of the First United Presbyterian Church. He served as Vice President of the Alumni Association

in the state and was a member of the Thomas Jefferson University Founders Fund and a life member of the President's Club. Surviving is his wife, Pauline.

Anthony L. Gricco, 1934

Died August 19, 1980 at the age of 74. Dr. Gricco was a general practitioner in Vineland, New Jersey.

Joseph Lerner, 1934

Died January 5, 1981. A neurologist, Dr. Lerner was a resident of Columbia, Missouri. His brother is **Sidney Lerner, 1947**.

Harold C. Smith, 1934

Died February 21, 1981 at the age of 73. Dr. Smith, the first thoracic surgeon in Wyoming Valley, Pennsylvania, was a Diplomate of the American Board of Surgery and a Fellow of the American College of Surgeons. During World War II he served as a major with Jefferson's 38th Army Hospital in Egypt. Author of many articles he served as Chief Medical Officer of the Armed Forces Examiner and Entrance Board. Surviving are two sons, one of whom, John W., is a medical student at Jefferson, a daughter, a sister and three brothers, one of whom is **Donald C. Smith, '31**.

J. William Quinlan, 1934

Died in January 1981. Dr. Quinlan, an internist, was Consultant at St. Mary's and the Genesee Hospitals in Rochester, New York. He was a Diplomate of the American Board of Internal Medicine and a Fellow of the American College of Physicians.

Leon T. Kennedy, 1935

Died March 28, 1981 at the age of 71. Dr. Kennedy, an internist, maintained his practice for 35 years in Charlotte, North Carolina. He served as a member of the Board of his alma mater, Erskine College. Three daughters survive him.

Bernard M. Axelrod, 1937

Died April 15, 1981 at the age of 69. Dr. Axelrod maintained a general

practice in the Overbrook, Pennsylvania area for 30 years. He then joined the Veterans Administration as a full time medical officer. His wife, Cynthia, a son and a daughter survive him.

W. Howard Wilson, 1937

Died May 15, 1981 at the age of 68. Dr. Wilson, a Fellow of the American College of Physicians, practiced internal medicine in Raleigh, North Carolina. Surviving are his widow, Eleanor, four daughters and a son.

David W. McLean, 1942

Died October 14, 1980. Dr. McLean was a general practitioner in Laurel, Mississippi. His widow, Eleanor, survives him.

Charles C. Goodman, 1948

Died February 27, 1981. A psychiatrist, Dr. Goodman resided in East Greenwich, Rhode Island.

S. Paul Coccia, 1955

Died May 1, 1981 at the age of 54. Dr. Coccia, a charter member and Diplomate of the American Academy of Family Physicians, served on the staffs of Middlesex General and Raritan Valley Hospitals and St. Peter's Medical Center in New Jersey. A member of the Middlesex Board of Health, he was a Clinical Instructor of Medicine at Rutgers Medical School of the College of Medicine and Dentistry. His wife Marita, two daughters and three sons survive him.

Julius L. Markowitz, 1955

Died May 26, 1981. Dr. Markowitz, a resident of Whittier, California, practiced obstetrics and gynecology in nearby La Mirada. Board certified he was a member of the American College of Obstetricians and Gynecologists. Surviving are his wife, Bunny, a son and three daughters, one of whom, Laurie, is entering her sophomore year at Jefferson.

Charles F. Egan, 1973

Died March 10, 1981 Dr. Egan was a resident of New Castle, Delaware.

Martin J. Sokoloff, M.D.
1897 - 1981

Honorary Clinical Professor of Medicine

Jefferson people mark the passing of one of their colleagues with respect and great affection. Having begun his Jefferson experience with the old pre-medical program as early as 1915, Dr. Sokoloff bridged several generations from the time of his graduation from medical school to his recent retirement from the medical staff. A member of the class of 1920, he continued to practice medicine at Jefferson until 1980. His activities included teaching, patient care and administration in addition to many contributions to the health of the public.

Dr. Sokoloff became involved in the treatment and prevention of tuberculosis immediately upon completing his internship. This experience broadened into the management of diseases of the chest as these problems evolved during the middle decades of the century. For a number of years he presented the lectures on lung diseases to junior medical students and is well remembered for his skill in the practice and teaching of physical diagnosis. During World War II he directed the program at old Pine Street when military service depleted the staff. In 1915 he was made Director of the Barton Memorial Division for Diseases of the Chest and was promoted to professional rank. At the same time the White Haven Sanatorium was taken over by Jefferson and he was Director until its closing in 1956. From 1946 to 1958 he was Chief of the Tuberculosis Control Program in the Philadelphia Department of Health. Early in his career he contributed extensively to medical literature on pulmonary diseases. He held many consulting positions through the years.

Dr. Sokoloff served as President of the Pennsylvania Thoracic Society; the Pennsylvania Chapter of the American College of Chest Physicians; the Laennec Society of Philadelphia, of which he was one of the founders; and the Alumni Association of Jefferson Medical College. He was a Fellow of the American College of Physicians, the American College of Chest Physicians and the Philadelphia College of Physicians. He held honorary membership in Alpha Omega Alpha.

Important as all of his professional activities were, Dr. Sokoloff will be remembered among his colleagues and Jefferson Alumni as a warm and concerned friend. His gentle approach to his patients and his intimate concern for their well being evoked a loyalty which ranks in the highest tradition of physician-patient relationship. Jefferson has been enriched and honored by his career.

J. Woodrow Savacool, M.D., '38

Abraham E. Rakoff, M.D.
1913 - 1981

**Emeritus Professor of Obstetrics and
Gynecology (Endocrinology)
Honorary Professor of Medicine
(Endocrinology)**

Dr. Rakoff graduated from the University of Pennsylvania in 1933 with a Bachelor of Arts Degree and received his M.D. Degree from Jefferson Medical College in 1937. He interned at Frankford Hospital from 1937-38 and was then appointed to the faculty in the Department of Obstetrics and Gynecology at Jefferson in 1938. Since then he was promoted through the various faculty ranks, attaining the rank of Professor of Obstetrics and Gynecology (Endocrinology) in 1960. He was given a secondary appointment as Professor of Medicine (Endocrinology) in 1965 and became Honorary Professor of Medicine in 1978. Dr. Rakoff was appointed the first Head of the Division of Reproductive Endocrinology when this division was created in 1972 and continued to direct that division until his appointment to Emeritus Professor July 1, 1980.

Throughout his career of over 40 years, Dr. Rakoff gained national and international acclaim and has reflected much credit upon his department and upon Jefferson. His publications number over 150; he co-authored two books and wrote chapters for twenty-two others. His dedication to the teaching of medical students and residents was widely recognized. His portrait was commissioned by the class of 1964. He has trained more than 60 Fellows in the subspecialty of reproductive endocrinology, many of whom have gone on to illustrious careers of their own. In addition, he gave unstintingly of his time to aid the educational programs of many other institutions. He has received many honors and has served Jefferson as President of the Medical Staff and as President of the Alumni Association among many other attainments and contributions too numerous to mention.

Included in his many memberships were the American College of Obstetricians and Gynecologists, the Endocrine Society, the American Society of Cytology of which he served as President, the American and International Fertility Society and the American Association for the Advancement of Science. Dr. Rakoff was a member of AOA.

Dr. Rakoff is survived by his wife, Doris, three sons — Jan David, Jed Saul, and Todd Daniel, and by two granddaughters.

He will be remembered by all of us for what he was — gentleman, scholar, teacher, friend.

James H. Lee, Jr., M.D. '45

Lewis W. Bluemle, M. D.
President
Thomas Jefferson University
Phila., PA 19107

Admin.